

STUDENT FIELD TRIPS AND EXCURSIONS
(Permission Slip and Medical Release Form)

Student Information

Student's Name: _____ / _____ / _____
School: _____ Grade: _____ Homeroom: _____

Field Trip/Excursion Information

Field Trip Date(s): _____
Destination(s): _____
Alternate Destination (if applicable): _____
Mode of Transportation: _____
Cost to Student (if applicable): _____

I hereby give permission for my child to participate in the above-mentioned school-related student trip.

In the event of an accident or sudden illness while on the school-related student trip, I authorize school personnel to take whatever action is deemed necessary in their judgment for the health of said child including, but not limited to, authorizing medical treatment.

Signature of Parent/Guardian

Date

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Implemented: June 19, 2008

Revised:

Willard R-II School District, Willard, Missouri