

# Form

## HSE Parental Permission for Student Field Trip

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Field Trip Destination: \_\_\_\_\_

Field Trip Date: \_\_\_\_\_ Cost: \_\_\_\_\_

Time leaving school: \_\_\_\_\_ Time returning to school: \_\_\_\_\_

Lunch arrangements: \_\_\_\_\_

## Parent/Guardian Permission

My signature below gives permission for my son/daughter to attend the school sponsored and chaperoned field trip above.

### Critical Information

I can be reached at the following telephone numbers \_\_\_\_\_ or  
\_\_\_\_\_ on the day of the field trip.

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

My child has the following health condition(s) and or allergies: \_\_\_\_\_  
\_\_\_\_\_

List all the medications your child routinely takes (even when not at school):  
\_\_\_\_\_

During the field trip, my child will need to take the following medication(s) at the following time(s): \_\_\_\_\_

If unable to reach Mr./Mrs. \_\_\_\_\_, parent/guardian, at the emergency numbers listed, I/we hereby grant permission for a licensed health care professional and or treatment center to administer to my child, appropriate medical care in the event of an accident, illness or emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All parent chaperones need a current background check on file and must have viewed the bullying video. Information regarding this can be found on the HSE website under the Parent Resources tab – PTO and Volunteering. The background check process takes at least a week.**