



## WARREN COUNTY SCHOOL DISTRICT FIELD TRIP PERMISSION FORM

BWMS  
  WAEC  
  WAHS  
  WCCC  
  EES  
  EMHS  
  YEMS  
  YHS  
  SAES  
  SAMHS  
  Other \_\_\_\_\_

### TEACHER SECTION

<b>Destination of Trip</b> _____	<b>Date of Trip</b> _____
<b>Departure Time</b> _____	<b>Return Time</b> _____
<b>Contact Person/Planner</b> _____	
<b>Student Cost</b> _____	<b>Lunch Information</b> _____

Please fill out this form and return it to your teacher by: \_\_\_\_\_

### PARENT SECTION

Child's Name: \_\_\_\_\_

**Please indicate whether your child has any of the following health concerns:**

Asthma	Yes	No	Name of Medication:
Is an inhaler needed?	Yes	No	
Life-Threatening Allergy to an Insect Sting	Yes	No	Treatment:
Life-Threatening Allergy to Food(s)	Yes	No	Food(s): <input type="checkbox"/> EpiPen ( <i>parent will supply</i> ) <input type="checkbox"/> Other:
Heart Defect	Yes	No	
Seizure Disorder	Yes	No	Name of Medication:
Diabetes	Yes	No	Carry Supplies <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Allergies			
Other Health Concerns:			

In the event of injury or illness to my child during participation in this activity, if I or my second contact cannot be reached, I hereby give my permission for the supervising adults to obtain necessary medical treatment for my child.

Please list emergency contact information during the time of day your child will attend the field trip.

<b>Name:</b> _____	<b>Phone:</b> _____	<b>Cell:</b> _____
<b>Name:</b> _____	<b>Phone:</b> _____	<b>Cell:</b> _____

I give consent for my child to attend the field trip.     
  I **do not** give consent for my child to attend the field trip.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**Complete ONLY if your child has a medical condition that requires nursing staff**

- I will attend the field trip and administer any medical treatments that my child may require.  
 I am unable to attend the field trip.