

# REMSEN CENTRAL SCHOOL DISTRICT

## STUDENT ACTIVITY/FIELD TRIP PERMISSION FORM

This **entire** form is to be completed and RETURNED TO THE TEACHER two (2) days prior to the date of the activity.

\_\_\_\_\_ requests permission to participate in a student  
(student's name)

activity/field trip on \_\_\_\_\_ with \_\_\_\_\_.  
(date of trip) (teacher's name)

Destination(s): \_\_\_\_\_

Activity: \_\_\_\_\_

Time: \_\_\_\_\_ Bring Bag Lunch \_\_\_\_\_  
(departure) (return) Bring Lunch Money \_\_\_\_\_  
Lunch Not Needed \_\_\_\_\_

Cost to Student: \_\_\_\_\_ Other Estimated Costs: \_\_\_\_\_

Type of Transportation: \_\_\_\_\_

Activity Supervisor: \_\_\_\_\_

Date of student's last tetanus shot: \_\_\_\_\_

Is the student allergic to any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's address: \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Student's home phone number: \_\_\_\_\_

Number where you may be reached if not at home: \_\_\_\_\_

I hereby give my permission for the above-named student to participate in the student activity/field trip described above. In case of an accident or illness, my child has my/our permission to receive emergency care or treatment if deemed necessary by the attending school personnel.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)