

**FIELDTRIP CONSENT FORM
EDGAR PUBLIC SCHOOLS**

Date _____

Dear Parents,

Your child will be participating in a fieldtrip to _____

The group will leave school at _____ on _____

And expect to return to school about _____.

Teachers _____

*****Please return signed permission slip along with the cost of the trip. Thank you.***

Cost of the Trip _____ Return by _____

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION

Child's Name _____

1. Does your child have any medical concerns of which we should be aware: Yes _____ No _____
If yes, please explain _____
2. Does your child have any serious allergies? Yes _____ No _____
If yes, please explain _____
3. Is your child receiving any medication? Yes _____ No _____
If yes, will this medication need to be given by school personnel during the fieldtrip? Yes _____ No _____
Have you filled out a Medication Permission form for the school? Yes _____ No _____
If no, please obtain a form from the School Office and fill it out **before** the fieldtrip.

EMERGENCY CONTACT NUMBERS

(Please list the telephone numbers where you can be reached during the scheduled time of the fieldtrip.)

#1 Name _____ Telephone No. _____

#2 Name _____ Telephone No. _____

Student's Physician _____ Telephone No. _____

In case of an accident or serious illness, and the school personnel are unable to reach me, I hereby authorize the school to make whatever arrangements are necessary.

Please indicate your knowledge and approval of this trip by signing your name and returning this slip to me as quickly as possible.

Signature _____

Date _____