

Confidential
Franklin County Schools
Permission for Field Trip and Emergency/Medical Information
(Does not include athletic trips)

Section I – To be completed by Teacher prior to copying for students/attendees.

School _____	Group/Team/Class _____
Professional in Charge _____	Total Number of Chaperones _____
Mode of travel (bus, other) _____	Total number of STUDENTS on trip _____
Place of DEPARTURE _____	Date _____ Time _____
Destination _____	Purpose of trip _____
Place of RETURN _____	Date _____ Time _____

(Sections II & III – To be completed by Parent/Guardian/Attendee – required for everyone on trip including sponsor(s) and chaperone(s))

Section II – Student Information

Name of Student/Attendee _____ Age ____ Date of Birth _____
Address _____ City _____ State _____ Zip _____

In the event of an EMERGENCY, emergency procedures will be followed and legal guardian contacted

Emergency Contact Information

Family Doctor _____ Phone _____ Hospital _____

1. Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell _____

2. Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell _____

3. Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell _____

Section III – Emergency Medical Information

Name of Insured _____ Carrier Name _____

ID Number _____ Group Number _____

List any serious medical issues such as asthma, allergies, etc.: _____

List any medications (prescription or other) that need to be taken during the trip: _____

The undersigned parent/guardian of the above-named student gives permission for participation in the previously-mentioned trip/ activity. In the event of accident, injury, or illness, I authorize a representative of the school to take the student to a physician or to the emergency room of a hospital. In the event of a multi-day or overnight trip, the sponsor may require notarization of this form. Attach any additional, pertinent information on back. All students are governed by all applicable state laws and rules (as well as policies, regulations and procedures of the Franklin County School System).

Signature of Parent/Guardian/Attendee _____ Date _____

No student shall attend a field trip unless the parent/legal guardian completes and signs this permission form.