

KENSTON N

Field Trip Permission Form

FIELD TRIP DETAILS

Description of Activity: _____

Date of Trip: _____

Destination: _____

Teacher: _____

Class: _____

Departing Time: _____

Returning: _____

SPECIAL INSTRUCTIONS:

In order for your child to participate, this form must be filled out, signed by student and parent, and returned to _____ by _____.

STUDENT AGREEMENT

I, _____, understand that it is a privilege to attend field trips with my class.
Name of Student

I agree to use good manners, show respect to others, and make good choices throughout the day. I understand that I am representing myself, my school and my teacher while on this trip and will strive to make a good impression while learning and enjoying this special event.

SIGNATURE OF STUDENT

X _____

Signature of Student

Date

Kenston Middle School

17425 Snyder Road • Chagrin Falls, Ohio 44023 • 440-543-8241

PARENT/GUARDIAN CONSENT TO PARTICIPATE

I hereby give consent for, _____, to participate on this trip.
Print Student's First and Last Name

In the event of an emergency, I can be reached at this phone number _____.

If I am unable to be reached at that number, please call _____ at this number _____.

Does your child require any special medications to be taken during the hours of this field trip?

No Yes If yes, please list _____

SIGNATURE OF PARENT OR GUARDIAN

X _____
Signature of Parent or Guardian Print Name Date

PARENT/GUARDIAN MEDICAL CONSENT FORM

Please sign below according to your preference.

<u>GRANT CONSENT</u>	<u>REFUSAL TO CONSENT</u>
<p><u>FOR MEDICAL TREATMENT</u></p> <p>IF NONE OF THE ABOVE CAN BE REACHED, I AUTHORIZE TREATMENT AT ANY REASONABLY ACCESSIBLE HOSPITAL. SPECIAL MEDICAL INFORMATION / CONDITION:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>SIGNATURE OF PARENT OR GUARDIAN</p> <p>X _____ Signature of Parent or Guardian</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Date</p>	<p><u>FOR MEDICAL TREATMENT</u></p> <p>I DO NOT GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. IN THE EVENT OF ILLNESS OR INJURY REQUIRING EMERGENCY TREATMENT, I WISH SCHOOL AUTHORITIES TO TAKE NO ACTION OR TO:</p> <p>_____</p> <p>_____</p> <p>SIGNATURE OF PARENT OR GUARDIAN</p> <p>X _____ Signature of Parent or Guardian</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Date</p>