

Date issued _____
Date returned _____

**KENSTON HIGH SCHOOL
FIELD TRIP**

Students will not be permitted to attend field trip unless this form is completed in full at least two days prior to trip. Students are to have teacher signatures first so parents can review comments before granting permission/medical authorization.

Student Name: _____ Grade: _____

Requested Date(s): _____ Number of Days Requested: _____

- 1. This provision is for **FIELD TRIPS.**
- 2. Students are to complete all assignments and turn in to each of their teachers the day they return to school.

Students are to take this form to each teacher. After each teacher has commented, students must then seek parental approval and signature. Parents make the ultimate decision regarding field trip attendance. When completed, **RETURN TO YOUR TEACHER.** (Note: At least two (2) days before expected absence). All teachers must complete the following and indicate so by signing below. If a teacher has any reservations about this absence, appropriate concerns should be documented on this form. Please indicate below if student is in good standing – (passing your class).

<u>BLOCK</u>	<u>SUBJECT/ COURSE</u>	<u>COMMENTS/ ASSIGNMENT</u>	<u>STUDENT IN GOOD STANDING</u>	<u>TEACHER'S SIGNATURE</u>
Block One	_____	_____	_____	_____
Block Two	_____	_____	_____	_____
Block Three	_____	_____	_____	_____
Block Four	_____	_____	_____	_____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Advisor/Teacher Sponsor Signature: _____ Date: _____

**FIELD TRIP PERMISSION/MEDICAL AUTHORIZATION
KENSTON HIGH SCHOOL**

WHERE: _____ TEACHER: _____

ADDRESS: _____ CLASS/GROUP: _____

DATE: _____ DEPARTING: _____ RETURNING: _____

AFTER REVIEWING THE COMMENTS OF MY CHILD'S TEACHERS ON THE REVERSE
SIDE, I GIVE MY SON/DAUGHTER _____ PERMISSION TO GO
STUDENT NAME
ON THE FIELD TRIP DESCRIBED ABOVE. IN THE EVENT OF AN EMERGENCY, I CAN BE
REACHED AT _____ PHONE NUMBER _____. IF
UNABLE TO BE REACHED AT THE ABOVE NUMBER, PLEASE CALL _____
AT _____.

I. GRANT CONSENT

IF NONE OF THE ABOVE CAN BE REACHED, I AUTHORIZE TREATMENT AT ANY
REASONABLY ACCESSIBLE HOSPITAL.

SPECIAL MEDICAL INFORMATION/CONDITION: _____

SIGNATURE PARENT/GUARDIAN

II. REFUSAL TO CONSENT

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:

SIGNATURE PARENT/GUARDIAN