



PARENT / GUARDIAN PERMISSION FORM
For Field Trip, School-Sponsored Activity, or Community Event

Prior to the field trip or use of private vehicle, complete all applicable parts and return to teacher.

Student's Name: Student's ID Number:

Name of School: Field Trip Contact Person:

Date: Time leaving school: Time returning to school:

Field Trip to (destination):

Other destination (specify):

At this public performance or community service event, alcohol may be served to the adult patrons.

Bus Fee: Student Fee: Sack Lunch (Disposable) Yes No

Transportation will be provided by:

- School District Bus Rental/Charter Bus Watercraft
Private Vehicle - Parent Driving Walking Commercial Airline, Train
Private Vehicle - Student Driving under 18

Booster Seats (if applicable): Children less than eight years old must be restrained in child restraint systems...

Student Medication / Health Alert (Confidential)

In case of a serious medical emergency, 911 will be called to evaluate your student. Please provide a phone number where someone can be reached during this field trip.

My student has a specific issue / condition that needs to be reported to the driver for safety.

Yes No My student will bring "over the counter" or prescription medication on this field trip, other than what the student normally takes during the school day.

If yes, I have completed the form "Authorization for Medication" and had it reviewed, signed, and returned by the prescribing physician.

I need a blank "Authorization for Medication" form.

Life Threatening Condition: Yes No (e.g., severe bee / food allergies, severe asthma, severe seizures, diabetes, etc.) IF YES, please indicate:

(School will attach Emergency Plan)

Note: Any student who does not return a signed Parent / Guardian Permission Slip granting permission to attend the field trip, will not be allowed to participate.

My signature below indicates my student is hereby granted permission to attend the field trip described above.

Home Phone: Work Phone: Cell Phone:

Parent / Guardian Signature: Date:

I can drive on the above mentioned field trip. I have seats with seatbelts available.



Northshore  
School District

2320 F-3

District Form

## Teachers' Consent Form for Student Travel

\_\_\_\_\_ has my permission to attend  
(Student's Name)

\_\_\_\_\_  
(Function)

at \_\_\_\_\_ on \_\_\_\_\_  
(Location) (Date)

Field Trip Contact Person: \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

### Teacher signature for period involved:

Period 1 \_\_\_\_\_

Period 2 \_\_\_\_\_

Period 3 \_\_\_\_\_

Period 4 \_\_\_\_\_

Period 5 \_\_\_\_\_

Period 6 \_\_\_\_\_

Period 0 / 7 \_\_\_\_\_