

**TCS - Grades K - 5 Daytime Field Trip
Parent Permission Form**

I hereby give consent for my child _____, to attend the
(name)
Field Trip on _____ to _____.
(day/date)

Cost: _____ Departure time: _____ Return Time: _____

A nurse **will / will not** be accompanying this field trip. Other medical personnel may not be immediately available should there be an emergency. Please take this into consideration as you complete this permission form .

NOTE: All medications must be given to the designated TCS staff member. Exceptions: emergency inhalers or Epi-pens with previously submitted self-administration forms.

- _____ My child is allowed to carry his/her inhaler while on this trip.
- _____ Due to the medical status of my child, I wish to accompany him/her on this trip.
- _____ My child does NOT need to take medication while on this trip.

PLEASE READ CAREFULLY: medical Concerns – list any food/environmental/seasonal allergies or medical condition that your child has _____.

On the day of the field trip, my emergency phone/cell/beeper numbers will be _____

Signature of Parent/Guardian

Date

***Please return this portion with fee, if applicable. Keep
the bottom portion as a reminder at home.***



Yea!
We're going on
a
FIELD TRIP!



FIELD TRIP

To: _____

DAY/DATE: _____ LEAVE: _____ RETURN: _____

COST: _____ BRING: _____

OTHER IMPORTANT INFORMATION: _____