

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

My son/daughter has permission to attend the field trip to \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_  
(date)  
from \_\_\_\_\_ (departure time) to \_\_\_\_\_ (arrival time).

In case of emergency, you may reach us by telephoning: \_\_\_\_\_

Or by contacting: \_\_\_\_\_ Phone #: \_\_\_\_\_

Will it be necessary for your child to take medication while on the Field Trip?

Yes  No

If Yes, please complete a Medication Administration Consent form for each medication, unless already on file at school for the current school year.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and follow his/her instructions. If unable to contact this physician, the school may take whatever arrangements that seem necessary. I understand that trained Boone County School staff will be delegated to assist with/administer medication(s) required for this field trip. Any medications needed must be provided by the parent/guardian and the attached 'Medication Administration Consent Form' must be completed and returned to school.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Member ID: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_

**Please note health condition(s) and drug, food or other allergies:**

\_\_\_\_\_

The Board of Education maintains adequate insurance coverage for all school-related activities. However, individual medical insurance is the parent's responsibility. Your local insurance agent could provide individual trip insurance.

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