



# NOBLESVILLE SCHOOLS

## FIELD TRIP PERMISSION FORM

I hereby give permission for my child to participate in the educational, athletic, or extra-curricular field trip described below. During such event, if it shall be necessary for my child to receive medical treatment for any illness, injury, or emergency, I authorize the school, or any of its agents, employees, or volunteers, to secure reasonable medical treatment for my child and I hereby appoint such representative of Noblesville Schools to consent for all medical and/or surgical treatment and/or medical procedures which may be required in the event of an emergency. I understand that if time permits, I will be consulted and advised of the situation, and this authorization is used only in the event of an emergency.

Date of event \_\_\_\_\_ Description of event \_\_\_\_\_

Estimated departure time from school \_\_\_\_\_ Estimated return time to school \_\_\_\_\_

Name of student \_\_\_\_\_

Parent phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

In conjunction with the event described above, I am hereby providing the school with the following information regarding my child.

In case of emergency, and the parent cannot be located, please contact

Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Student's allergies \_\_\_\_\_

\_\_\_\_\_  
Student's physical disabilities \_\_\_\_\_

\_\_\_\_\_  
Other information \_\_\_\_\_

**Information about prescription or other required medication, dosages, and times to be administered must be provided on the separate Medication Permission Form.**

**The Field Trip Permission Form must be in the possession of the staff member in charge of the field trip in case of an emergency.**

8/2019