

## PARENT – PUPIL PERMISSION SLIP

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 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: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent, Guardian, or Custodian

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 or guardian cannot be located, please call the following individual:

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

Phone number: \_\_\_\_\_

Allergies of child: \_\_\_\_\_

Physical disabilities of child: \_\_\_\_\_

Prescription or other medication required, and times to be given: \_\_\_\_\_

Other comments: \_\_\_\_\_

**THE PARENT-PUPIL PERMISSION SLIP  
MUST BE IN THE POSSESSION OF THE STAFF MEMBER IN CHARGE  
OF THE FIELD TRIP IN CASE OF AN EMERGENCY**