

**Charles F. Brush High School
Field Trip Permission Form**

Student's name: _____

Field trip to: _____

On: _____

It is understood and agreed that should the student named above require emergency medical and/or surgical treatment because of an injury or illness that arises while the student is away from school on a school-sponsored activity, I authorize:

_____ and/or _____
Staff Member *Staff Member*

acting on behalf of Charles F. Brush High School to arrange for such emergency medical and/or surgical treatment and further authorize any doctor, hospital or clinic selected by the representative of the school to render such treatment as may be required.

It is further understood that, if, in the opinion of the representative of the school, time permits, I shall be notified of the injury or illness at the telephone listed below, so that I may select and authorize a doctor, hospital or clinic by whom, or at which, the school representative shall arrange for the student's emergency treatment.

Home phone number: _____

Other phone number(s) if not at home: _____

Approximate time since student's last Tetanus shot? _____

Is he/ she allergic to any medication? _____

Is he/ she taking any prescription medications now? _____

Hospitalization insurance with what company? _____

Hospitalization contact number: _____

I hereby give my permission for my son/ daughter named above to participate in the school-related activity indicated above:

Parent/ Guardian Signature

Date

**Please return to the teacher.
Students are responsible for having the reverse side filled out by faculty members.**

School Activity Permission Slip

Student: _____

will be absent during the period(s) listed below on (*Date*) _____ because of a field trip. It is understood by the pupil that work missed will be made up.

Period	Class	Teacher's Signature
1		
2		
3		
4		
5		
6		
7		
8		

Comments: _____
