

Mountain View High School Student Field Trip Permission Form

To the Parents of _____ Date _____
(Name of Student)

From _____ Subject _____
(Name of teacher)

Field Trip Description including: dates, times, transportation information, materials and any monetary requirements

Parents: Please fill out appropriate information.

I understand **Fees and Time** required for above field trip.

In case of emergency, you have my permission to give medical personnel the following information concerning _____
(Name of Student)

List health concerns, allergies, medications etc.

Insurance carrier: _____ Policy Number _____

Policy Holder: _____

Family Doctor _____ Doctor's Phone _____

_____ **Is Approved / Is Not Approved** to attend field trip
(Name of Student) (Please Circle One)

_____ (Print name of Parent/Guardian) _____ (Phone number)

Emergency Phone if Parent/Guardian cannot be contacted: _____

The team physician, trainer, coach or teacher may apply first aid treatment until the family doctor can be contacted. Yes _____ No _____

We give our consent for teachers, coaches, trainers or team physicians to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached. Yes _____ No _____

Date _____ Parent/Guardian Signature _____