



WILSON SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM 2018-19

TRIP INFORMATION:

Trip Destination: Reading Area Community College, Senior Only Mini Enrollment Day

Trip Date: Friday, May 3, 2019 Departure Time: 8:30 am Return Time: 1pm

Mode of Transportation: X school bus district van/car charter bus parent is responsible for transportation

other _____

Class/Teacher Conducting Trip: Rebekah Marconi

Special Instructions to Parents/Guardians: Lunch will be provided; One on one advising session, sessions on career, scholarship, financial aid, Tech session, lunch, and tour

STUDENT INFORMATION:

Name of Student: _____ Date of Birth: _____

PARENT/GUARDIAN INFORMATION:

- The information listed in Skyward is my current contact information (**skip** to Emergency Contact Section).
- My Skyward information needs to be updated to:

Parent/Guardian: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT: If the parents/guardians cannot be reached, the school will call the people listed below. The people listed below should be responsible individuals who can: (1) give permission to administer health care; (2) pick up your child if your child is ill; (3) have the authority to speak on behalf of the parents or legal guardians.

Name: _____ Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

HEALTH INFORMATION: Please provide the following medical information or if your child does not have any of the health conditions listed below, please write "None."

- The information listed in Skyward is my current medical information (**skip** to Emergency Medical Treatment)
- My Skyward information needs to be updated to:

Medication(s) being taken by student: _____

Allergies to foods, drinks, insect bites, medications, other: _____

Health concerns that require special attention (asthma, seizures, cardiac problems, diabetes, etc.):

Physician's Name: _____ Phone: _____

Medical Insurance: _____ Policy #: _____

EMERGENCY MEDICAL TREATMENT: I understand that in case of any emergency requiring medical treatment, every effort will be made to reach one of the people listed above. If none of these people can be contacted, I authorize the school to give consent to treatment as deemed necessary by medical personnel. I acknowledge and agree that the Wilson School District is not responsible for loss of or damage to my child's personal property during the field trip.

I have read the above information and give my permission for my child to attend this field trip.

Print Name of Parent(s) or Guardian(s): _____

Signature of Parent(s) or Guardian(s): _____ Date: _____