



**WILSON SCHOOL DISTRICT**

**FIELD TRIP PERMISSION FORM**

**TRIP INFORMATION:**

Trip Destination: **Berks Junior College Fair - Alvernia University**

Trip Date: **Tuesday, March 7, 2023** Departure Time: **9:00 AM** Return Time: **11:00 AM**

Mode of Transportation:  **school bus**    district van/car    charter bus    parent is responsible for transportation  
other \_\_\_\_\_

Class/Teacher Conducting Trip: **Erin Stramara - School Counselor**

Special Instructions to Parents/Guardians: **Tuesday, February 28, 2023** is the registration deadline field trip.

**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: \_\_\_\_\_