

**Minford Local School District  
Field Trip Permission Form**

**This form must be filled out and returned to school before the student will be permitted to participate in the field trip.**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Field Trip to \_\_\_\_\_ Field Trip Date \_\_\_\_\_  
Sponsor \_\_\_\_\_ Field Trip Hours \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to go with the  
\_\_\_\_\_ class to \_\_\_\_\_ on \_\_\_\_\_.

**I understand that my child will be expected to observe the rules and regulations as per school policy.**

\_\_\_\_\_  
**Signature of Parent of Guardian**

\_\_\_\_\_  
**Date**

**Emergency Medical Information**

In case of emergency, please contact \_\_\_\_\_ at \_\_\_\_\_  
**Contact Person's Name & Phone Number**

If first contact cannot be made, please contact \_\_\_\_\_ at \_\_\_\_\_  
**Alternate Contact Person's Name & Phone Number**

**If none of the above contact attempts are successful, please transport my child to  
and contact Dr. \_\_\_\_\_**

\_\_\_\_\_  
**Hospital Name**

\_\_\_\_\_  
**Physician's Name**

or Dr. \_\_\_\_\_.

\_\_\_\_\_  
**Dentist's Name**

**This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.**

**Facts concerning my child's medical history including allergies, medications being taken, and any physical impairment to which a medic should be alerted are listed below:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

**If you do not want to above procedure performed, please check here  and state the procedure you want followed:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Legan Guardian**

\_\_\_\_\_  
**Date**