

Shelbyville Central School Parent Consent Form  
For Field Trips

**MEDICAL INFORMATION AND RELEASE CONSENT**

NAME: \_\_\_\_\_

TRIP TO: \_\_\_\_\_

DATE OF FIELD TRIP: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature for Field Trip Permission

**MEDICAL RELEASE**

In case of an emergency (and a parent cannot be reached by phone), I authorize Shelbyville Central School chaperones to obtain medical treatment for my son/daughter named above.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature for Medical Consent

**EMERGENCY PHONE NUMBERS**

Parent/Guardian Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

(W) \_\_\_\_\_ (C) \_\_\_\_\_

1. \_\_\_\_\_

Name	Relationship	Number
------	--------------	--------

2. \_\_\_\_\_

Name	Relationship	Number
------	--------------	--------

**MEDICAL INFORMATION**

Please list any medical information the chaperones should be aware of (ie: allergies, illnesses, etc)

\_\_\_\_\_

**MEDICATION**

I give permission to chaperones to administer medications that normally are given every day at school but will need to be administered during the trip. I will provide these medications in advance to the school nurse. My child will need to take the following medication(s) while on the trip.

\_\_\_\_\_

Name of Medication	Amount to be given	When it is to be given
--------------------	--------------------	------------------------

\_\_\_\_\_

Name of Medication	Amount to be given	When it is to be given
--------------------	--------------------	------------------------

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature