

# Shelbyville Central School Parent Consent Form For Field Trips

## MEDICAL INFORMATION AND RELEASE CONSENT

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

TRIP TO: *Studio 10 Cinema (Shelbyville, IN)*

DATE OF FIELD TRIP: *Thursday, August 13, 2009*

**ADDITIONAL INFORMATION: *Students must bring their own money for snacks. This permission slip MUST be returned on the 1<sup>st</sup> day of school (Aug. 12, 2009). No exceptions.***

\_\_\_\_\_ 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

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\_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature