

FIELD TRIP FORM

This Field Trip Form is a Permission and Medical Release Form for "Off-Campus" Trips.
(This Form MUST be filled out Completely, Signed, and Notarized EVERY school year.)

(student) _____ has my permission to go on any field trip with his/her class of which I have been informed in writing and have signed a permission form. I understand that the class will travel by personal car (belonging to a teacher or parent of a student in the class)

(student) _____ is _____ is not (circle one) Covered by a Health Insurance Plan.

Insurance Company Name _____
Policy and ID Number _____

For Further Protection of your child, please complete the Following:

List any prescribed Medication taken on a regular basis: _____

Please List any Food and/or Drug Allergies: _____

Please List your Home, your Work, and your Emergency Contact Phone Numbers.

Home: _____

Emergency Contact Name: _____

Cell: _____

Phone No. _____

Work: _____

The following list represents persons authorized to pick up (student) _____

Please Include Full Name/Phone Number and be aware that these persons MUST have Picture Identification in order that your child may be released by the teacher to that person.

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

I hereby give permission for any licensed physician or nurse to treat my child named _____ for any illness or accident. I further authorize any of the staff of the First Christian Day School/Oran Coffey Preschool to act in my behalf for the benefit of my child should an emergency arise. I authorize persons listed above to pick up my child.

Date: _____ Signature & Relationship: _____

BEFORE ME, the undersigned, a Notary Public, in and for Ellis County, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF THE OFFICE THIS _____ DAY OF _____ 20____

Notary Public, Ellis County, State of Texas, USA of NA