



PARENTAL AUTHORIZATION STUDENT FIELD TRIP/ACTIVITY

Child's Name: _____ Age: _____

Address: _____ Home Phone: _____

Class/Teacher: _____

Date: _____

Approximate Time: _____

Activity/Event: _____

Location: _____

Cost: _____

I hereby give my permission for my child to take part in the school activity/outing described above. In the event of an emergency if I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Signature: _____ Date: _____
Parent/Guardian

EMERGENCY CONTACT INFORMATION:

Mother's work phone: _____ Father's work phone: _____

Other: Name: _____ phone: _____

Physician's name: _____ phone: _____

Are there any special circumstances regarding your child, of which the moderator should be aware? If yes, please describe:

_____.