

FIELD TRIP PERMISSION FORM

Please legibly print or type all information:

Student Information:

Student Name: Howard Richardson

Student ID#: 123456

Student Grade: 4th

Parent/Legal Guardian Name: Charles Richardson

Parent/Legal Guardian Phone Number: 813-555-1212

Parent/Legal Guardian email Address: crichardson@xyz.com

Food/Dietary Restrictions: No dairy

Authorization to provide over-the-counter pain medication: Yes No

Authorization to apply sunscreen on Student: Yes No

Field Trip Information:

Field Trip date(s): 08/18/2022

Field Trip - Name/Description: Tampa Zoo

Description of Field Trip Activities: Transport to zoo at 9:00 am, leave zoo at 2:00 pm.

Field Trip Location: Zoo Tampa, 1101 W Sligh Ave, Tampa, FL 33604

Method of Transportation to and from Field Trip and Events: School bus

Name of Teacher or Supervisor in Charge: Rachel Trainer

Cost: \$ 22.00

If applicable, please send Cost to school noted immediately above no later than: 08/12/2022.

Describe any limitations (medical or otherwise) on Student's participation in the Field Trip Programs: n/a

Describe any other information you wish us to know about Student: n/a

Other instructions: He should only eat his packed lunch, no trading.

Medical Conditions:

I represent that the Student is in adequate health and fitness condition to attend and participate in the Field Trip event described herein, and I acknowledge that I am fully responsible for the health and welfare of the Student. The following reasonable accommodations are requested:

n/a

Emergency Medical Treatment:

In the event emergency or serious medical treatment is needed, the undersigned hereby gives permission to transport the Student to a suitable nearby hospital or other treatment facility and to administer the appropriate treatment. I understand that I shall be solely responsible for the cost of any such treatment. I further understand that in such event, I will be contacted immediately, and if I am not reachable, the Emergency Contacts listed below will be contacted.

Student's medical insurance information:

Plan Name: TriCare

Policy Number: 12345678

Group Number: 87654321

Insurance Phone Number: 800-555-1234

Name of Named Insured: Howard Richardson

Emergency Contact Information:

Name: Charles Richardson

Relationship to Student: father

Phone Number: 813-555-1212

Name: Julie Richardson

Relationship to Student: mother

Phone Number: 813-555-3434

The undersigned, parent, or legal guardian of the Student identified above hereby authorizes and gives permission for the Student to attend the Field Trip identified above. The undersigned understands that the Student's participation in this Field Trip is voluntary. The undersigned hereby releases and holds harmless the school district, school, organizer of the Field trip, and their respective agents, representatives, successors and assigns, from any and all liability, cost, claim, damage, and expense, including reasonable attorney's fees, whether foreseen or unforeseen, including any injury and cost of medical or dental treatment.

IN WITNESS WHEREOF, the undersigned executes this Field Trip Permission Form as of the date indicated below.

Printed Name: Charles Richardson

Signature: _____

Date: _____

NotaryNode.io