

## Field Trip Parental Permission Form

I hereby give \_\_\_\_\_ permission to participate in the following co-curricular event or field trip: \_\_\_\_\_

I understand Big Foot High School's policies on field trips and student behavior as stated in the student handbook.

In our absence, the bearer of this form has the permission to obtain any medical or emergency treatment that he/she deems necessary for my child.

\_\_\_\_\_  
Name of Family Doctor

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Insurance Carrier's Address

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Subscriber Number

Please list any allergies or medical problems that your child has:

\_\_\_\_\_  
\_\_\_\_\_

List all **prescription** and **non-prescription** drugs your child is taking including how many milligrams and dosage. (Students must have a medication form on file with the main office.) All necessary medications will be held by the teacher.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Date