



**Providence Christian Academy
Field Trip Permission Form**

Please return the completed form by: _____

An educational field trip is planned as part of the regular class activity.

Grade(s) and/or Class: _____

Destination: _____

Date: _____ **Time Departure:** _____ **Return:** _____

Method of Travel to Destination:

Walking: _____ Private Car: _____ Bus: _____ Other: _____

Lunch:

_____ Students are to bring their lunches in a paper bag (*no glass bottles please*)

_____ Lunch may be purchased at the destination

_____ No lunch is required

Cost Per Student:

Transportation and/or Admission \$ _____

Total amount of Donation for entire Field Trip \$ _____

Donating Organization _____

Remainder due for your child \$ _____

If required expenses such as bus fare or admission fees cannot be provided by the parent, the school will attempt the necessary arrangements to enable every student to attend. Please notify the teacher in any such case.

Since no child is required to attend the field trip if the parent does not approve, students who do not accompany classmates may attend school where arrangements will be made to provide appropriate instruction for them. If your child will not participate in the field trip but will come to school, please provide your child's teacher with advance notice so that arrangements can be made.

Your signature below along with your child's name constitutes permission for your child to go on the trip. Unless we receive this written approval, you child will not be permitted to go on the trip.

_____ **(has) (does NOT have)** permission for the field trip.
Student's Name *circle one*

Parent's Signature: _____ Emergency Telephone #: _____

Date: _____

please complete the other side



Field Trip Emergency Medical Authorization

I agree to the following procedure should medical attention become necessary for my child:

1. The teacher, coach, or authorized school representative will make every effort to contact the parent to explain the circumstances and receive instructions for the student's care.
2. If the authorized school representative is unable to reach the parent, he/she will authorize medical attention if such is deemed necessary upon advice of a qualified physician.

Parent's Signature (*approving above procedure*) _____

Insurance Information

Company: _____

Subscriber: _____

ID Number: _____

Existing Medical Conditions:

Complete this portion only if your son/daughter has an existing medical condition.

Student Name: _____

Medical Condition: _____

Treatment (*if any*): _____

Medication (*if any*): _____

If medication, how often? _____

Known allergies (*including to medications*) _____

If medical travel kits are available for your child, has one been provided to the school? Yes _____ No _____

Special instructions to Teacher/Chaperone:
