

FIELD TRIP PERMISSION SLIP

Student's Name - _____

Dear Parent,

_____ of Platt High School is planning a trip on _____ to _____ . Students will leave the school at _____ and return at approximately _____. Transportation will be by _____ and the cost per student will be _____. If you wish your child to take part in this trip, please sign this letter and return it to the school no later than _____. *Please be advised, school officials reserve the right to search student baggage, rooms and personal belongings at any time deemed necessary, including but not limited to general searches prior to departure.*

Teacher _____

Parent Signature _____

Daytime Phone _____

Emergency Phone Number _____

Student Section

I REALIZE FIELD TRIPS ARE A PRIVILEGE. All students will be allowed to participate in a field trip only if it's part of the class curriculum. In all other circumstances, students will be allowed to participate in field trips if they:

ARE MAINTAINING PASSING GRADES IN ALL COURSES
DO NOT HAVE ANY CURRENT DISCIPLINE REFERRALS
ARE MEETING CLASS EXPECTATIONS TO ATTEND FIELD TRIPS
AGREE TO MAKE UP ANY WORK MISSED IN OTHER CLASSES
FOLLOW ALL SCHOOL RULES WHILE ON THE FIELD TRIP

Any exceptions to these rules must be approved by the administration.

Student Signature _____ Date _____

Emergency Treatment Permit

Authorization for Emergency Medical Treatment

In the event of an emergency requiring medical attention, I hereby grant permission to a physician, on-site medical personnel, or other hospital personnel to attend my

Family member _____
Student name _____

I expect every effort will be made to contact me in order to receive my specific authorization before any further treatment or hospitalization is undertaken.

Parent/Guardian Name(please print) _____

Parent /Guardian Signature _____

Home Phone _____ Cell Phone _____

Work Phone _____

Medical Insurance Company _____

Name of Policy Holder _____

Family Doctor _____ Phone _____

If I cannot be reached, and in case of emergency, please contact:

Name: _____

Relationship to student: _____

Emergency phone number: _____

Student Health Info

Medication Allergies _____

Medications Student Takes _____

Any Known Medical Problems _____

Last Tetanus Shot _____