

BOONE COUNTY SCHOOLS

ALL FIELD TRIP PERMISSION AND EMERGENCY FORM

STUDENT'S NAME: _____

ADDRESS: _____ PHONE: _____

GRADE: _____ TEACHER: _____

MY SON/DAUGHTER NAMED ABOVE HAS MY/OUR PERMISSION TO GO TO:

WITH: _____ FOR: _____

IN CASE OF EMERGENCY

You may reach us by telephoning: _____

Or by contacting _____ Phone: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the Physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

PARENT SIGNATURE _____

DATE _____

1. Please note any restrictions or medical information that would be helpful for treatment, such as allergies, diabetes, etc.

2. Will it be necessary for your child to take medication while on the field trip?

YES _____ **NO** _____

If yes a special form will be sent home for administration of medication

PHYSICIAN'S NAME: _____

ADDRESS _____

OFFICE PHONE _____ HOME PHONE _____

THE BOARD OF EDUCATION MAINTAINS ADEQUATE INSURANCE COVERAGE FOR ALL SCHOOL RELATED ACTIVITIES. HOWEVER, INDIVIDUAL MEDICAL INSURANCE IS NOT PROVIDED BY THE BOARD OF EDUCATION AND IS A PARENTAL RESPONSIBILITY. BLUE CROSS/BLUE SHIELD OR SOME OTHER HEALTH PLAN WHICH YOU COULD PURCHASE WOULD BE ADVISABLE, OR YOUR LOCAL INSURANCE AGENT COULD PROVIDE INDIVIDUAL TRIP INSURANCE.

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