

Health and Safety Information and Field Trips

Child's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Intolerance to foods, allergies to medications, or other allergies:

\_\_\_\_\_

Action to take \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency 911 will be called. Whom shall we call if you or your spouse cannot be reached?

\_\_\_\_\_ Phone: \_\_\_\_\_

Persons authorized to pick up child:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Persons NOT authorized to pick up child:

\_\_\_\_\_ Phone: \_\_\_\_\_

\*Appropriate paperwork such as divorce decree shall be attached, if a parent is not allowed to pick up the child.

My child, \_\_\_\_\_, has my permission to go on walking field trips with their class. My permission will be requested each time. When a field trip requires transportation I understand that I will accompany my child or provide an alternate chaperone.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_