

Roseville City School District

PARENT PERMISSION FOR SCHOOL-RELATED FIELD TRIPS AND CONSENT FOR MEDICAL TREATMENT

STUDENT NAME _____ has been selected to take part in school activities away from school. Participation in these events is voluntary and requires your written permission. If you approve of the following arrangements, please complete all requested information, sign, date, and return this form to the faculty sponsor or coach.

DESCRIPTION OF ACTIVITY: _____

DESTINATION: (If more than one event, please see attached sheet for destination and dates) _____

DEPARTURE: (Date & Time) _____ RETURN: (Date & Time) _____

METHOD OF TRANSPORTATION: (Sponsor or Coach please check)
A. School Bus B. Walking C. Private Vehicle D. Commercial Transportation Vehicle E. Other (please specify):

FACULTY SPONSOR OR COACH IN CHARGE: _____

PARENT MUST COMPLETE THE FOLLOWING INFORMATION AND RETURN THE ENTIRE FORM IN ORDER FOR STUDENT TO PARTICIPATE

STUDENT NAME: _____ Date of Birth: _____ has my permission to attend the above stated activity(ies).

- Please check if you would be able to attend the trip as a supervising adult assistant, if needed:
If it is necessary for your child to be removed from this trip, it is required that you pick up your child upon teacher request. Siblings or children not enrolled in the class are not allowed on the field trip.

PARENT SIGNATURE HOME ADDRESS DATE

In case of an emergency, the family can be contacted by:

(Home/Message Phone) (Work Phone) (Hours) (Other phone, i.e., neighbor, friend, relative, etc.)

EMERGENCY MEDICAL INFORMATION:

The faculty sponsor or his/her designee has my consent to take this student to an emergency medical facility to receive emergency treatment in the event of illness or injury. The district does NOT provide insurance coverage for injury or accidental death during the trip.

Does this student have any known toxic reaction to medication, or are there any other medical conditions of which the faculty sponsor or coach should be aware? NO YES

A brief description is as follows: _____

Insurance Carrier/ID number: _____ Family Physician: _____

Phone No. _____ Hospital Preference: _____

PARENT SIGNATURE: _____ DATE: _____

IF YOU DECLINE TO SIGN THIS SECTION, PLEASE CONTACT THE SPONSOR OR SCHOOL PRINCIPAL AND ATTACH IN WRITING THE REASONS FOR THE EXCEPTION.

TEACHER - PLEASE CHECK ONE:

- This field trip will NOT affect the lunch period.
Field trips involving the lunch period must fill out form # RCSDe125