



ANNUAL FIELD TRIP PERMISSION FORM

This field trip permission form is an **annual** form that will be accepted as permission for each and every school sponsored trip for The Mountain School for the school year **2007-2008**. Parents will be notified in advance about each field trip that is planned. If you do not wish your child to participate in a particular field trip, the school must be notified in writing before the date of the trip that your child does not have permission to go on that field trip.

_____ has my permission to go on school sponsored trips during the school year **(2007-2008)** and to be transported by The Mountain School staff and/or parent volunteers in their vehicles.

STUDENT: _____ GRADE: _____ DOB: ____/____/____
Last Name First Name

Father: _____ Work Phone: _____ Home Phone: _____

Mother: _____ Work Phone: _____ Home Phone: _____

EMERGENCY CARE REQUEST:

It is the school practice, in the event of an emergency, to call the child's parents and, when necessary, emergency medical personnel. If you wish another procedure to be followed, please indicate so in the space below:

In the event of an emergency requiring medical treatment, I, _____ give my permission for _____ to be treated at the nearest medical facility. In the event of an emergency while on a field trip away from the school, the adult in charge may take _____ to a local hospital for any necessary treatment.

Name of physician who should be contacted if possible is:

Dr. _____ Phone #: _____

Health Insurer: _____ Policy/Cert. #: _____

Date of last Tetanus injection: _____

Allergies to medications: _____

Please provide **three names** of who can be called in the event of a sick or injured child if you cannot be reached.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

SIGNED: _____ Date: _____

Parent or Guardian Signature