

OVERNIGHT FIELD TRIP PERMISSION FORM

Trip title/destination/group: _____

PART I (will remain at the school during the trip)

I give permission for my son or daughter to participate in a field trip with the Gulliver sponsor or teacher named below. Good behavior is expected; any misbehavior may result in the child being sent home at the parents' expense.

STUDENT'S NAME: _____ GRADE: _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

PART II (will be taken on the trip)

FAMILY INFORMATION (please print)

STUDENT'S NAME: _____ GRADE: _____ HOME PHONE #: _____

BIRTH DATE: _____ SOCIAL SECURITY # (for emergency use only): _____

MOTHER'S NAME: _____ CELL PHONE #: _____

FATHER'S NAME: _____ CELL PHONE #: _____

*Different contacts and phone numbers from above

EMERGENCY CONTACT #1 NAME: _____ PHONE #: _____

EMERGENCY CONTACT #2 NAME: _____ PHONE #: _____

FAMILY DOCTOR: _____ PHONE #: _____

LIST ANY MEDICAL CONDITIONS, ALLERGIES, OR MEDICATIONS TAKEN AT HOME AND/OR AT SCHOOL:

FAMILY MEDICAL INSURANCE COMPANY: _____ PLAN #: _____

MEDICAL TREATMENT PERMISSION – SIGNATURE REQUIRED

I understand that if emergency medical treatment is needed that would reasonably require the assessment or attention by a physician or medical provider, reasonable attempts will be made to reach the parents, doctor, and emergency contacts. If the aforementioned people cannot be reached, I authorize the Gulliver Prep sponsor, teacher, or approved chaperone, or an emergency medical services representative, to take my child to the nearest appropriate treatment center for medical treatment. I also authorize the administration of first aid treatment for my child.

A school representative may also dispense prescription medication and non-prescribed medications per the authorized medication form which I understand must be on file with the school prior to the trip. A form is available in the first aid station if it is not already on file with the school. In addition, in the event of minor injuries or ailments not reasonably assessed by school personnel or chaperones to require treatment by a medical provider, I authorize the administration of non-prescribed medications (Tylenol, Advil, Tums, Pepto-Bismol, Imodium, etc.) and understand that Gulliver Prep will make every reasonable attempt to contact me prior to dispensing medications. I release and hold harmless Gulliver Prep for dispensing of any medication.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PART III

Parents, please complete this section if your child will not be participating on this trip

MY CHILD WILL NOT BE PARTICIPATING ON THIS FIELD TRIP FOR THE FOLLOWING REASON(S):