

WEAVERVILLE ELEMENTARY SCHOOL
31020 State Hwy 3, Weaverville, CA 96093-1000
(530) 623-5533 FAX: 623-5548
2007-2008 ANNUAL FIELD TRIP PERMISSION FORM

Student's Name: _____ Birthdate: _____.

Grade: _____ Teacher: _____.

P.O. Box: _____ City & Zip: _____.

Home Phone: _____ Physical Address of Home: _____.

Various educational field trips are planned for students during the school year. Many of our trips will be the culmination of classroom activities. A note will be sent home with your child regarding the details of each scheduled trip. However, we will NOT be sending home individual permission slips for each field trip. The following will provide permission for your child to attend all field trips for the 2007-2008 school year.

Our permission is given for our child to participate in all field trips for the 2007-2008 school year. If I do not want my child to attend or participate in a certain event, I will notify the school in writing.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event that our child becomes ill or sustains an injury while at school or during a school sponsored function (field trip, etc.) permission is hereby given for the administration of first aid for his/her relief. If, in the opinion of the school officials or trip leaders, emergency medical or dental treatment is required, our consent is given to perform such procedures that the existing emergency requires for the relief of pain and/or to preserve his/her life and health. I understand that I am responsible for any expense incurred above the expenses covered by school insurance.

Signature of Father/Guardian Date

Father's Home Phone Number Father's Work Phone Number

Signature of Mother/Guardian Date

Mother's Home Phone Number Mother's Work Phone Number

EMERGENCY INFORMATION: (Someone to contact when your child is ill or hurt and parent or guardian cannot be reached.)

Name: _____ Phone: _____.

Doctor: _____ Phone: _____.

Health Plan/Insurance (i.e. Blue Cross): _____.

ID#: _____ Group#: _____.

Medications used: _____.

Allergies to Medications: _____.

Other Allergies: _____.

Health Problems: _____.