

BOONE COUNTY SCHOOLS
ALL FIELD TRIP PERMISSION AND EMERGENCY FORM

STUDENT'S NAME: _____
 ADDRESS: _____ PHONE: _____
 GRADE: _____ TEACHER: _____
 MY SON/DAUGHTER NAMED ABOVE HAS MY/OUR PERMISSION TO GO TO WITH:
 _____ TO _____
 FOR: _____ DATE _____
 DEPARTURE TIME _____ ARRIVAL TIME _____
IN CASE OF EMERGENCY:
 You may reach us by telephoning: _____ or by contacting
 _____ Phone: _____

In case of accident of serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the Physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary.

PARENT SIGNATURE _____ DATE _____

1. Please note any restrictions or medical information that would be helpful for treatment, such as allergies, diabetes, etc.

2. Will it be necessary for your child to take medication while on the field trip?

YES _____ NO _____
If a special form will be sent home for administration of medication.

PHYSICIAN'S NAME: _____
 ADDRESS _____
 OFFICE PHONE _____ HOME PHONE _____

THE BOARD OF EDUCATION MAINTAINS ADEQUATE INSURANCE COVERAGE FOR ALL SCHOOL RELATED ACTIVITIES. HOWEVER, INDIVIDUAL MEDICAL INSURANCE IS NOT PROVIDED BY THE BOARD OF EDUCATION AND IS A PARENTAL RESPONSIBILITY. BLUE CROSS/BLUE SHIELD OR SOME OTHER HEALTH PLAN WHICH YOU COULD PURCHASE WOULD BE ADVISABLE, OR YOUR LOCAL INSURANCE AGENT COULD PROVIDE INDIVIDUAL TRIP INSURANCE.

ORIGINAL FORM MUST BE IN THE POSSESSION OF THE TRIP SPONSOR. A COPY MUST BE ON FILE IN THE OFFICE OF THE SCHOOL PRINCIPAL.

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