

# MONTE DEL SOL FIELD TRIP PERMISSION FORM

(this generic form does not contain specific field trip details, but can be used if field trip form is not available, please fax to 982-5321 or scan to [schooloffice@montedelsol.org](mailto:schooloffice@montedelsol.org))

Student name \_\_\_\_\_ Grade \_\_\_\_\_

Field trip to \_\_\_\_\_

Location, phone, activity description \_\_\_\_\_ COST \$\$ \_\_\_\_\_

Camping site & ranger station phone (if overnight) \_\_\_\_\_

Departing date/time \_\_\_\_\_ Returning date/time \_\_\_\_\_

Type of transportation: SFPS bus \_\_\_ public bus/train \_\_\_ other \_\_\_\_\_

Chaperones & phone # \_\_\_\_\_

**Student's medical info.** Please list specific health problems such as allergies, asthma, diabetes, hemophilia, heart disease, etc. and possible problems such as severe reaction to bee stings or certain plants or foods.

Medications, prescriptions or special diets required \_\_\_\_\_

**Medical release in the event of an accident or illness:** I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorize the school to secure emergency medical care as needed.

Name of preferred doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

This activity provides a learning experience for students and opportunities to apply their classroom learning. Although I understand that the school will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the above activity.

**Being aware of the risks, I hereby give consent for my child** (name) \_\_\_\_\_ **to participate in the activity. My signature below reflects my knowledge of the details of the trip and the itinerary.**

Parent name (print) \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency contact person (name/phone) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_