

AMS FIELD TRIP PERMISSION FORM

I grant permission for \_\_\_\_\_ to participate in  
(student's first and last name)

school sponsored field trips throughout the 2017-2018 school year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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Parent/Guardian \_\_\_\_\_ may be reached  
(name)

at \_\_\_\_\_  
(phone number)

An alternate adult \_\_\_\_\_ may be reached  
(name)

at \_\_\_\_\_ if the above listed parent/guardian is not available  
(phone number)

and has permission to care for the student.

If an emergency situation should develop, I understand that the teacher/advisor will attempt to contact the parent/guardian for directives. If contact is not made, I grant the teacher/advisor to provide the necessary emergency care (transportation emergency room, etc.) and grant permission for emergency medical services to be performed. I understand that I, as parent/guardian, am responsible for cost of services rendered.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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HEALTH INFORMATION

Please indicate any medical conditions that the teacher/advisor and chaperone should be aware of (i.e. asthma, allergies, diabetes, seizures): \_\_\_\_\_  
\_\_\_\_\_

Does student have rescue medication stored in nurse's office?

Yes \_\_\_\_\_ No \_\_\_\_\_ (i.e. inhalers, epi pens, glucagon, allergy medicine)