



# ELIZABETH FORWARD School District

401 Rock Run Road, Elizabeth, PA 15037 412.896.2310 FAX 412.751.9483

## STUDENT FIELD TRIP PERMISSION FORM

(Please print)

Group (Class or Activity) \_\_\_\_\_

Teacher(s)/Sponsor(s) \_\_\_\_\_

Destination of Field Trip \_\_\_\_\_ Date(s) of Field Trip \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_ Method of Transportation \_\_\_\_\_

### STUDENT INFORMATION

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Family's Home Phone Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Father's Work Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Mother's Work Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Person to call if neither parent can be reached \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of a medical emergency, I authorize school personnel to make arrangements for and consent to emergency medical services for my child including but not limited to consultation with healthcare providers and admission to any hospital or other healthcare facility. I also authorize and consent to the administration of all medical/surgical procedures considered necessary or appropriate by any physician or other healthcare provider attending my child. This authorization shall remain effective until such time as I am able to effectively communicate healthcare decisions about my child directly with the attending healthcare providers.

Physician Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Describe student's allergies, special factors, current medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the student have health insurance coverage? Yes [ ] No [ ]

Health Insurance Provider's Name \_\_\_\_\_

Policy/Certificate # \_\_\_\_\_ Group # \_\_\_\_\_

Name Insured/Policyholder \_\_\_\_\_

Check one, if it applies: [ ] I will transport MY CHILD ONLY to and from the event/activity.  
[ ] My child has my permission to drive to this event/activity and return to school. NO OTHER STUDENT passengers will accompany my child in the vehicle.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_