Field Trip Release 2011-12
Plymouth Joint School District

Dear Parents,

Your son/daughter will have an opportunity to participate in several field trips this school year. Parents will be advised by their son/daughter's teacher of each field trip and the method of transportation in advance of each trip. This permission slip also includes provisions for emergency medical care on field trips.

Carefully read the permission slip below. Any concerns you may have regarding this procedure should be referred to the school office.

Student Name: _____ Grade: _____

My son/daughter has permission to accompany his/her class on school field trips.

_____	_____	(____)_____-_____
Family doctor to be notified	Doctor's office location	Doctor's phone #
_____	(____)_____-_____	(____)_____-_____
Parent/Guardian Name	Parent Home Phone	Parent Work Phone
_____	_____	(____)____-_____
Emergency Contact	Relationship to Student	Emergency Contact Phone #

Please list special medical information/accommodations needed for field trips.

_____

_____

In a medical emergency, when neither my family doctor nor I can be reached, I authorize school personnel to refer my son/daughter, _____, to any medical doctor and authorize that doctor to treat my son/daughter. I also agree to assume any and all costs involved including possible ambulance fees.

_____ _____
Signature of Parent/Guardian Date

I hereby consent to the limited release of medical information concerning my child to: *Plymouth Joint School District-Riverview Middle School Principal*. Such release is limited to information concerning the name and location of the facility where my child is being treated.

_____ _____
Signature of Parent/Guardian Date