

# SCHOOL DISTRICT OF AUBURNDALE

10564 School Ave, Auburndale, WI 54412

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## FIELD TRIP & MEDICAL TREATMENT PERMISSION FORM

Student: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Mode of Transportation:  Walking  Bus  Other \_\_\_\_\_

**Completed Form & Fees are due back:** / /

Cost \_\_\_\_\_

Amt Encl \_\_\_\_\_

Bring a sack lunch in a disposable container. \_\_\_\_\_ Yes \_\_\_\_\_ No

### PARENT INFORMATION

In order to assure that we have the most current information on your child, please complete the following:

Parent/Guardian: \_\_\_\_\_ (h)Phone: \_\_\_\_\_ (w)Phone: \_\_\_\_\_ (c)Phone: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_ (h)Phone: \_\_\_\_\_ (w)Phone: \_\_\_\_\_ (c)Phone: \_\_\_\_\_

### HEALTH & SAFETY INFORMATION

#### ALLERGIES

Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, List: \_\_\_\_\_

Please explain symptoms/treatment needed: \_\_\_\_\_

Does your child require an Epi-pen? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### ASTHMA

Does your child ever experience symptoms of asthma? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain usual symptoms and any treatment needed: \_\_\_\_\_

Does your child require use of an inhaler? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### MEDICATION

Does your child require prescribed medication at school and have a medication form on file for the current school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### HEALTH CONCERNS/PHYSICAL IMPAIRMENTS

Please note any physical impairments, health concerns, special accommodations, etc. needed for your child on this trip: \_\_\_\_\_

#### HEALTH CARE PLANS

Does your child have a health care plan written/developed by the school nurse? \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission for my child to attend this field trip. I give school personnel permission to provide first aid and/or carry out any of the above procedures needed during field trip hours. In the event of serious illness or injury on the trip, I also authorize personnel to transport my child to the nearest medical facility for treatment, or call the ambulance if it is deemed necessary. I understand that any financial responsibility for emergency treatment/transportation is the responsibility of the parent/guardian.

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

\_\_\_\_\_  
Date

**TEACHERS:** Field trip forms **MUST** be reviewed by school nurse prior to any field trip. Please have completed forms to school nurse **no less than two days** prior to trip. Additionally, you are required to take completed forms with you on field trip & return to office following trip.

02/2019