

TRIP INFORMATION

PARENTAL PERMISSION

School GALA	School Phone 216-315-7942	Grade/Room Dragon K/1	Date Prepared 9/14
Teacher Lauren Sammon	Destination Neighborhood of GALA		
Educational Purpose of Trip Connecting to our unit on Communities			
Date of Trip 9/21	Leave Time 2 pm	Return Time 3 pm	Trip Itinerary (summary)
Method of Transportation Walking	Cost to Student <input checked="" type="checkbox"/> Free \$ _____	Student Lunch <input type="checkbox"/> Bring <input type="checkbox"/> Buy <input type="checkbox"/> Provided <input checked="" type="checkbox"/> Not Needed	

Please complete and detach the bottom part of this form and return to teacher

STUDENT INFORMATION

Name of student: _____ I.D.#: _____ Date of Birth: _____

PARENT/GUARDIAN INFORMATION

1. Parent/Guardian: _____ Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Parent/Guardian: _____ Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student lives with (check all that applies): Father Mother Guardian

EMERGENCY CONTACTS

If the parents/guardians cannot be reached, the school will call the people listed below. The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; 3) have the authority to speak on behalf of the parents or legal guardians.

Name: _____ Name: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

HEALTH INFORMATION

If permission is granted, please provide the following medical information or if your child does not have any of the health conditions listed below, please write "none".

Medication/s being taken by student: _____
Allergies to foods, drinks, insect bites, medications, other: _____
Other medical information: _____
Physician's Name: _____ Phone: _____
Medical/Hospital Insurance: _____ Group: _____ Type: _____

I have read the trip information to: _____ on _____.

Check one: my child may may not go on this trip

I understand that in case of any emergency requiring medical treatment, every effort will be made to reach one of the people listed above. If none of these people can be contacted, I authorize the school to give consent to treatment as deemed necessary by emergency responders.

Print Name of Parent/sor Guardian/s: _____

Signature of Parent/sor Guardian/s: _____ Date: _____

A copy of this form is to be kept on file until the end of the school year.