



CRAIG HIGH SCHOOL FIELD-TRIP PARENTAL PERMISSION FORM

The following information is to be provided prior to the student's participation in the field trip. Failure to submit this completed form will mean that the student may not take part in the field trip. He/she will be given an alternate activity instead.

STUDENT'S NAME _____ DATE OF BIRTH _____

FIELD TRIP DATE Nov 12-13, 2014 TEACHER Karl Bryan / Sherri Rudkin

DESTINATION UW-Eau Claire, UM-Twin Cities, University of St. Thomas

1. If emergency medical attention is necessary, I agree to allow my son/daughter to be taken to a medical facility where medical attention can be rendered as deemed necessary by the attending physician.
2. Please fill out the following sections where appropriate:

MEDICATIONS _____

ALLERGIC REACTIONS _____

STUDENT'S PHYSICIAN _____

INSURANCE CARRIER _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT PERSON _____

EMERGENCY CONTACT PHONE NUMBER _____

I hereby give my permission, with the above conditions and information in mind, for my son/daughter to participate in the above-mentioned field trip.

(Parent/guardian signature)

Student's cell phone during trip _____

Hotel room partner _____

NOTE: Field trip supervisors will be in possession of a set of these completed forms for the students they are supervising.