

Indian River School District
Field Trip Permission/Release Form & Student Emergency Data Information

The below requested information must be completed by the Parent/Guardian.

Yes, _____, has my permission to go on the field trip to _____ on _____, _____ (student name). I understand that he/she will be under school supervision at all times.

No, _____, may not go on the field trip to _____ on _____, _____ (student name).

This permission is given with my understanding that my child must adhere to all District and school policies throughout the time of the field trip. I also understand the procedures for a field trip delay or closing of school, and that each student is responsible for all personal property taken on this field trip (lost/damaged/stolen).

Student Date of Birth: _____ Preferred Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Place of Employment:

Mother/Guardian: _____ Phone: _____

Father/Guardian: _____ Phone: _____

Insurance Co.: Name: _____

Policy #: _____ Phone: _____

Indicate Any Medical Problems of Student:

Indicate any Medication Currently Taking or Prescribed (if any):

Indicate any Allergies (food, medicine, environmental):

If Parent/Guardian cannot be reached, call:

Name: _____ Preferred Phone: _____

All of the above information is required of every student attending a school sponsored field trip and must accompany each student.

Parent/Guardian Signature: _____ Date: _____