

**EAST CHINA SCHOOL DISTRICT
FIELD TRIP PERMISSION SLIP FORM**

The _____ School is planning the following field trip:

Place: _____

Date (s): _____

Teacher: _____

Approximate Time Involved: _____

- Transportation Mode:
- School District Bus
 - Contracted Bus Service by _____
 - East China Approved Driver
 - Cost _____
-

_____ has my permission to participate in this field trip.
(Student's Name)

Please list below any health problems your child may have (please include any medications that may need to be taken while on the field trip):

In the event of accident or illness requiring emergency medical treatment during this field trip, the undersigned parent/guardian hereby authorizes medical treatment for the student. It is understood that the district does not provide health or accident insurance for students and that any medical bills incurred for treatment of the student due to accident or illness will be the sole responsibility of the parent/guardian.

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Emergency Phone #: _____