



Centralia School District
FIELD TRIP PERMISSION and MEDICAL RELEASE FORM

Name: _____	Date of Birth: _____
School: _____	Grade: _____

My child: _____ has my permission to attend the following Field Trip: _____,
At (location): _____,
On (date[s]): _____ Approximate time leaving: _____
Approximate time returning: _____
Parent/Guardian signature: _____ Date: _____

Below, please list your child's medical conditions/concerns (ex. allergies, asthma, diabetes, and seizures), and medications that the Centralia School District Official(s) should be aware of: _____

Below, please list any medication* your child needs to take with him/her on the Field Trip: _____

*An "Administration of Medication at School" form must be completed for each medication (for either prescription or over the counter) if it is not already routinely being given at school. The medication must be in its original container or labeled prescription bottle. Both the form(s) and medication(s) must be delivered to the health room by the student's parent/guardian during the week before the field trip.

I give my permission for my son/daughter to receive treatment of an injury in case of an emergency by any physician or hospital designated by a school official(s), except as may be noted below.
Parent/Guardian signature for treatment: _____
Address: _____
Phone: home # _____ - _____ - _____, cell# _____ - _____ - _____, work # _____ - _____ - _____

For overnight field trips please complete the following:
Medical Insurance Company: _____ Policy or Group Number: _____
Emergency contact: _____ Relationship: _____
Phone: home # _____ - _____ - _____, cell# _____ - _____ - _____, work # _____ - _____ - _____

This information will be helpful in determining your child's particular needs in order to keep him safe during this field trip. It is confidential-shared only on a "need to know" basis with school officials who are participating with your child.