



### Field Trip Permission Slip

My son/daughter \_\_\_\_\_, has my permission to go with his/her class to \_\_\_\_\_ on \_\_\_\_\_ . The purpose of this trip is \_\_\_\_\_ . On the date of this field trip, I can be reached at home at telephone number \_\_\_\_\_ or at work at telephone number \_\_\_\_\_ .

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

### LIMITED POWER OF ATTORNEY

If a serious emergency arises, it may be necessary for a physician to attend your son/daughter before the staff could get in touch with you or your designated physician. Such care can be provided only if you sign the following AUTHORIZATION FOR MEDICAL TREATMENT.

I give the teacher or administrator in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter, \_\_\_\_\_ gets whatever medical treatment is necessary in case of sickness or accident.

List any medical exemptions (allergies, blood transfusion, etc.) for your child.

List any significant health problems.

My child is presently taking the following medicine prescribed by the doctor:

Name of Medicine: \_\_\_\_\_

Amount Taken: \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Family Health and Accident Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_



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\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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\_\_\_\_\_  
\_\_\_\_\_

List any significant health problems.

\_\_\_\_\_  
\_\_\_\_\_

My child is presently taking the following medicine prescribed by the doctor:

Name of Medicine: \_\_\_\_\_

Amount Taken: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Family Health and Accident Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_