



MANSFIELD SCHOOL DISTRICT  
PO Box 188, 491 Rd 14 NE  
Mansfield, WA 98830  
(P) 509-683-1012  
(F) 509-683-1281

## FIELD TRIP PERMISSION SLIP

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

I, the parent or guardian of the above named student, give permission for my child to participate in the field trip described as follows:

Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Purpose / Activities: \_\_\_\_\_

### Medical Information and Release

The following special health problems concerning my child should be noted – if none please check “none”:

- Heart Condition                       Allergy (specify below whether food, bee sting, etc.)  
 Asthma                                       Other                                       None

Describe condition noted above with particularity, including any medications or other instructions:

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

*In the event of a medical emergency, I hereby authorize the teacher/chaperone attending to my student on the trip to secure medical attention or hospitalization for my child.*

Child's physician: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

Preferred Hospital/Clinic: \_\_\_\_\_

Parent/Guardian numbers: (home/cell) \_\_\_\_\_ (work) \_\_\_\_\_

Emergency Contact/phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

*I understand the School District does not provide medical insurance for my child for purposes of this trip, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my child that are not covered by insurance.*

I have read the information, verifying its accuracy, and agree to the states made above:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### SCHOOL LUNCH REQUEST FORM Not Applicable

Student Name: \_\_\_\_\_ Trip Date: \_\_\_\_\_

Will your child require a school sack lunch for this field trip?

- Yes**, please pack a school lunch for my child.                       **No**, my child will bring a lunch from home.

Parent/Guardian Signature: \_\_\_\_\_