

**Paradise Junior High School
Student Activities
Field Trip Permission Form**

_____ has my permission to go on a field trip to
_____ on _____

Departure Time: _____ Return Time: _____ Periods Missed: _____

We will be traveling by: _____ Field Trip Coordinator: _____

Please have your teachers sign: the student will be missing the following classes. Your signature indicated that the student talked to you about the work they are missing. **If you feel the student should not miss your class, arrangements can be made for him/her to attend.**

| Class | Comments | Teacher Signature |
|-------|----------|-------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

I give my permission for my son/daughter to participate in this field trip.
Parent/Guardian Signature: _____ **Date:** _____

MEDICAL PERMISSION FOR TREATMENT:

Whenever injury or emergency illness occurs to the student listed below while the student is under the supervision of Paradise High School personnel, every attempt will be made to notify the parent or guardian immediately. However, if the parent or guardian is not available and it is felt that the emergency treatment is indicated, the signatures below by the parent/guardian will allow the student to be transferred and treated in a timely fashion. The intention of this form is to grant authority to administer emergency treatment of any and all medical conditions.

 Student's Name Parent/Guardian Signature Date

Parent Phone Number: Cell: _____ Work: _____ Home: _____

Name and Phone Number of person to contact if parent cannot be reached: _____