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.

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<th>Class</th>
<th>Comments</th>
<th>Teacher Signature</th>
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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: ______________________

Revised 10-14