



## Field Trip Permission Slip 2018-2019

Students and parents will receive field trip specifics such as date, time, location, transportation, food information, type of dress prior to the actual field trip. This notice will occur via the calendar or the Parent's Guide or through email depending on the trip and location.

Student Name (Please print): \_\_\_\_\_ Grade \_\_\_\_ Birth Date \_\_/\_\_/\_\_

Students and parents will be responsible for reading and understanding the specifics of each field trip.

\_\_\_\_\_ **Please initial**

My signature below authorizes VCMS employees to take my child on VCMS sponsored field trips.

\_\_\_\_\_ **Please initial**

**Medical:** It is understood and agreed that I hereby authorize Valley Catholic and its employees or chaperones to secure the necessary services for my child in the event of an accident or illness. Further, I will solely be responsible for the payment of those services.

### Health Concerns While on a Field Trip:

\_\_\_\_\_ My son/daughter **does not** have any chronic condition that require medical treatment, medication, or special accommodations while on a school field trip.

\_\_\_\_\_ My son/daughter **HAS** a chronic condition that require medical treatment, medication, or special accommodations while on a school field trip.

Please describe the chronic condition.

What accommodations/considerations/medications are needed to ensure the student's safety while on a field trip? List all that may apply.

Are these accommodations/recommendations recommended by a medical professional? If so, please list the medical professional's name and area of expertise/degree.

Signature of Parent/Guardian \_\_\_\_\_ Dated \_\_\_\_\_

Cell/Emergency Phone Number (To reach you during the trip): \_\_\_\_\_

**Please complete this form and bring to registration.**