

**HAMILTON JR/SR HIGH SCHOOL
FIELD TRIP PERMISSION REQUEST**

Student Name: _____ Grade: _____

I hereby give my permission for my child to accompany his/her class/group at Hamilton Jr/Sr High School on educational field trips during the 2016-2017 School Year. I understand in signing this request I acknowledge the following things to be true:

1. That I will be given details of each field trip by the school staff prior to the trip. I will notify the teacher in writing if I do not give permission for my child to participate in a specific field trip.
2. Reasonable supervision and adequate chaperones will be furnished by the school which will consist of teachers and/or parents of the group involved.
3. That if my child holds insurance purchased by the parents from the school, he/she is covered under this policy.
4. That if my child is not covered by insurance purchased by me from the school, I assume the responsibility for his/her insurance coverage.
5. I hereby authorize the bearer of this field trip permission request to act in my place and authorize medical treatment.

(Parent's Signature)

Date: _____

In case of emergency during the trip, please notify:

Parent's
Name _____

Address _____

Telephone _____ Work _____

Doctor's
Name _____

Address _____

Telephone _____

SIGNIFICANT MEDICAL PROBLEMS

_____ Insurance purchased from school

_____ Covered by family insurance not purchased from school

_____ NOT covered by any insurance