

FOREST AREA SCHOOL DISTRICT

PARENT PERMISSION FORM

I, _____ grant permission
_____ do not grant permission

For my child, _____, to participate in the following school sponsored activity:

DATE: _____

TIME: _____

I understand that participation in this activity is voluntary and that school bus transportation is involved.

Activity Sponsors are:

1. _____
2. _____
3. _____
4. _____

Parent or Guardian Signature

NOTE: Parents or Guardian – This form must be signed and returned before your child will be permitted to participate. Thank you for your prompt attention to this matter in the interest of your child's education.

STUDENT FORM

(Revised 08/2012)

Forest Area School District
Field Trip
Medical Emergency Form

Student Name _____ Date of Birth _____

Parent/Guardian Name _____ Home Phone # _____

Home Address _____ Work or Emergency # _____

In case parents cannot be reached at either of the above numbers, contact

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Physician's Name _____ Phone # _____

Does your child have any health problem or physical limitation? () No () Yes If yes, please specify and explain treatment if necessary. _____

Does your child have any allergies? (Medicine, food or environmental) () No () Yes If yes, please specify and explain what treatment in necessary. _____

List any medication and dosage of that medication that your child takes: _____

In order for any medication to be administered by personnel of the school district we must have on file a written physician's order and a parental consent form. The medication must be delivered in its original bottle. This policy is for prescription and non-prescription medicine.

Date of last tetanus booster: _____

Emergency Release:

If emergency treatment is required and parents cannot be contacted, your signature in the space provided empowers the school personnel to exercise their judgment in calling the physician indicated, transporting the student to the nearest hospital emergency room, or calling an ambulance if deemed necessary. I hereby release the Forest Area School District from any liability as a result of this treatment.

Parent Signature _____ Date _____

Insurance Company _____ Insurance Policy# _____