

**Adlai E. Stevenson High School  
Student Activities  
Field Trip Permission Form**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Trip: April 6th Departure Time: 3:45 PM Return Time: 6:30 PM

Type of Trip: In School  Out of School \_\_\_\_\_ Periods Missed: NONE

Field Trip Coordinator: Floyd Glinsey Contact Phone #: 708-250-9222

Nature of Field Trip (please describe): Movie Rating is PG-13. Comedy/Drama/Romance. Deals with young youth adjusting to college life and the social issues that he must adapt to in order to join a college band.

Parents: Your son/daughter will be participating in a Field Trip to: (City) Stevenson High School (State) \_\_\_\_\_

Place to be visited: ROOM 1414

and will be traveling by:

\_\_\_\_\_ School Mini Bus \_\_\_\_\_ School Bus \_\_\_\_\_ Charter Bus \_\_\_\_\_ Airplane

\_\_\_\_\_ Car driven by Adult (Not recommended) \_\_\_\_\_ Train

**I give permission for my son/daughter to participate in this Field Trip.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS - PLEASE FILL OUT THIS SECTION - IMPORTANT**

**MEDICAL PERMISSION FOR TREATMENT: (DOES NOT APPLY TO IN-SCHOOL FIELD TRIPS)**

Whenever injury or emergency illness occurs to the student listed below while the student is under the supervision of Stevenson 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 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: \_\_\_\_\_

Please supply the following information, if applicable:

Medical conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

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

**\*\*\*\*\*COMPLETE OTHER SIDE IF YOU ARE MISSING ANY OF YOUR CLASSES\*\*\*\*\***

PLEASE RETURN TO SPONSOR PRIOR TO FIELD TRIP - DUE DATE: \_\_\_\_\_

**Please have your teachers sign:**

This student will be missing the following classes. Your signature indicates that this student talked to you about the work they are missing. **If you feel this 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		
7		
8		

\_\_\_\_\_ Not Applicable for this Field Trip \_\_\_\_\_  
(Field Trip Coordinator's Signature)

**Request to Transport Students by Personal Vehicle**

**Guidelines:**

1. Please be advised that when faculty/staff are transporting students in their personal vehicles their individual automobile insurance policy is the primary source of insurance coverage.
2. Parent permission slip must be completed and on file with the Director before such a trip commences.
3. Faculty/staff are discouraged from transporting students in their personal vehicles. Every effort should be made to transport students in District vehicles or by the designated school bus company.

Name of Group: \_\_\_\_\_

Destination: \_\_\_\_\_

Faculty/Staff Driver will be: \_\_\_\_\_

Make and Year of Vehicle: \_\_\_\_\_

License #: \_\_\_\_\_

Faculty/Staff Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_