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

Name:	ID#:		Date:	
Date of Trip:	Departure Time:	Return Time:		
Type of Trip: In School	Out of School Pe	eriods Missed:		
Field Trip Coordinator:		Contact Phone #	#:	
Nature of Field Trip (please desc	cribe):			
Parents: Your son/daughter will be pa	rticipating in a Field Trip to: (City)		(State)	
	Place to be visited:			
and will be traveling by:				
School Mini Bus	School Bus	Charter Bus	Airplane	
Car driven by Adult (No	ot recommended)	Train		
I give permission for my	son/daughter to particip	ate in this Field Trip.		
Parent/Guardian's Signatu	re:	Date:		
MEDICAL PERMISSION FOR Whenever injury or emergency il Stevenson High School personn if the parent or guardian is not av parent/guardian will allow the stu grant authority to administer emer	Iness occurs to the student el, every attempt will be ma ailable and it is felt that eme ident to be transferred and t	listed below while the studer de to notify the parent or gua rgency treatment is indicated, treated in a timely fashion. T	It is under the supervision of rdian immediately. However, the signatures below by the	
Student's Name	Parent/G	uardian Signature	Date	
Parent Phone Number:				
Please supply the following inform	nation, if applicable:			
Medical conditions:				
Medications:				
Name and Phone Number of pers		ot be reached:		

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

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 <u>not</u> 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.

lame of Group:	
Destination:	
aculty/Staff Driver will be:	
lake and Year of Vehicle:	
icense #:	
aculty/Staff Signature:	
Director's Signature:	