

**North Central Parke Community School Corporation**  
**Field Trip Parent Permission and Medical Release Form**

Date: \_\_\_\_\_ School: \_\_\_\_\_

Students have many opportunities to participate in various extra class activities as an outgrowth of classroom interests or through special interest clubs. On occasion, it will be to their advantage to attend activities away from the school campus (Field trips). However, the school corporation cannot assume responsibility for the safety and welfare of students while engaged in a field trip beyond making reasonable provision for activity chaperones.

Field Trip Location: \_\_\_\_\_

Field Trip Date: \_\_\_\_\_ Leave Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Purpose of Field Trip: Class Trip\_\_\_\_ ECA Trip\_\_\_\_ Sponsor Name \_\_\_\_\_

Transportation: Corporation Bus/Mini Bus: \_\_\_\_\_ Other-Specify: \_\_\_\_\_

Projected Student Expense: \$ \_\_\_\_\_

**Student Information**

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Guardian Contact Number \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Problems/Handicaps? : Yes No If yes, please explain: \_\_\_\_\_

Allergies? \_\_\_Yes \_\_\_No If yes, please explain: \_\_\_\_\_

Is your child presently receiving any type of care from a physician or on any medication? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

**Parent Permission Information: I understand that my child must abide by all NCP Community School Corporation rules, regulations and chaperone instructions on the field trip indicated above. I give my permission for my child to participate in the field trip listed above. I give my permission in advance for any emergency medical care that may be necessary and administered by an authorized health care giver. This emergency care will be at the patients/guardians expense. In case of an accident, I will not hold any individual representing North Central Parke Community School Corporation liable.**

**Parent /Guardian Signature:** \_\_\_\_\_ **Contact #** \_\_\_\_\_

To participate in this field trip, this form must be returned to the teacher/sponsor by this Date: \_\_\_\_\_