

**Greenville Senior High School
Field Trip Permission/Emergency Form**

I hereby certify that it is with my full knowledge and consent that:

Student Name _____

May go to: _____

Play, Museum, Musical, Etc.

In _____ Date of trip _____
City/Town

Depart (Time) _____ Return (Time) _____ By (Method of Transportation) _____

It is understood that the responsibility of the sponsor applies only when the students follow his/her instructions and directions. At all times the students are to abide by school policy and will be subject to disciplinary action for violations of these policies.

In the event of an unforeseen emergency involving my child on this trip, I give permission to the staff adult in charge to act on behalf of my child by calling an ambulance and/or authorizing medical treatment.

My child needs to take medication during the trip. I give my permission for a member of the school staff to dispense the medication according to the following written directions:

Please indicate at least two (2) contacts we can use in the event of an emergency.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Other medical concerns of which we should be aware:

Signature of the Parent/Guardian

Date

Comments: