During all school field trips, the District Code of Conduct applies.

I understand that in the case of an emergency, the leaders will make every effort to contact me, but in the event that emergency treatment is necessary, I give the trip leaders the right to transport and authorize medical treatment.

My (son / daughter) has the following medical problem that would interfere with his/her participation in this project: ____________________________________________.

I, ____________________________ (parent/legal guardian) give permission for my (son / daughter) ____________________________ to participate in the following:

**Location/Name of Trip:**

**Field Trip Advisors:**

**Date of Field Trip:**

**Time:**

My (son / daughter’s) physician:

______________________________

Emergency contact #1:

Name ______________________ Telephone Number ______________________

Emergency contact #2:

Name ______________________ Telephone Number ______________________

PLEASE CHECK THIS BOX if your child CAN NOT be photographed.

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