

**PARKWAY SCHOOL DISTRICT  
PARENT/GUARDIAN CONSENT FOR SCHOOL-SPONSORED TRIP**

I give permission for my son/daughter, (name) \_\_\_\_\_ to go on the following school-sponsored trip/s: \_\_\_\_\_

on (date of trip/s) \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

**MEDICAL INFORMATION:**

Send \_\_\_\_\_ medication, taken daily at school, on this field trip, to be administered by school staff at \_\_\_\_\_ a.m./p.m.

Send \_\_\_\_\_ medication, taken on an as needed basis at school, on this field trip, to be administered by school staff according to directions on file.

**Only those students who have the top portion of this form properly signed and returned to school by (date) \_\_\_\_\_ will be granted permission to participate in the field trip.**

All students are expected to **comply with the supervisor's instructions** while enroute to/from and during the time of the school-sponsored activity.

**Emergency Authorization:** In an emergency, I hereby authorize the school to make such arrangements as necessary. I also authorize the hospital/physician/dentist to perform necessary procedures.

\*\* \_\_\_\_\_  
**Signature of Parent/Guardian**

\*\* \_\_\_\_\_  
**Date Signed**



**(Parents may detach and retain this portion of the form for information.)**

The trip begins at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_ and the students will return to school at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_. The following teacher/s will accompany the group:

\_\_\_\_\_

Transportation will be provided by: \_\_\_\_\_

**Cost of the trip:** \_\_\_\_\_ **(Make check payable to Parkway School District)**

Student should bring lunch: Yes \_\_\_\_\_ No \_\_\_\_\_