

**STUDENT FIELD TRIPS AND EXCURSIONS**  
*(Permission Slip and Medical Release Form)*

**Student Information**

Student's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

**Field Trip/Excursion Information**

Field Trip Date(s): \_\_\_\_\_  
Destination(s): \_\_\_\_\_  
Alternate Destination (if applicable): \_\_\_\_\_  
Mode of Transportation: \_\_\_\_\_  
Cost to Student (if applicable): \_\_\_\_\_

I hereby give permission for my child to participate in the above-mentioned school-related student trip.

In the event of an accident or sudden illness while on the school-related student trip, I authorize school personnel to take whatever action is deemed necessary in their judgment for the health of said child including, but not limited to, authorizing medical treatment.

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

\_\_\_\_\_  
Date

\* \* \* \* \*

**Note:** *The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: January 16, 2008

Revised:

Boonville R-I School District, Boonville, Missouri