

**SOUTH CENTRAL CONFERENCE OFFICE OF EDUCATION
OUTDOOR SCHOOL TRIP AUTHORIZATION FORM!**



Date of Trip: _____ Place of Trip: _____

I _____ the parent of _____
Parent's Name Student's Name

consent to the following checked items:

_____ I give the _____ (School)
Administration, staff, and chaperons permission to take my child
on the Sixth Grade Outdoor School class trip.

_____ I give the _____ (School)
Administration, staff, and chaperons the power of Attorney for
for my child, in the event that such authority will become
necessary while my child is the their custody.

_____ I give the _____ (School)
Administration, staff, and chaperons consent to have my child
treated for medical reasons, if that need should occur.

My child:

_____ has no illness that would endanger his/her life.

_____ does have _____, however I am
sending medication that will control this possible health problem.

Name of Medication: _____

Purpose of Medication: _____

Amount to be given: _____

How often should the medication be given? _____

Food allergies _____ Drug allergies _____

_____ Yes, I will give to my child's teacher a photo copy of my child's insurance card.

I have read, and I do agree to the above checked stipulations.

Parents signature

Date

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Person & Phone Number: _____