

Field Trip Permission Slip, Emergency Contact & Medical Information for a Student

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name ()	Parent's/Guardian's Name ()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact ()	Secondary Emergency Contact ()
Home Phone	Work Phone
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I give permission for my child to go on all trips associated with the LaRue County Band and its programs during the 2012-2013 year. In addition, in the event of an accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed at the bottom on this form and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency, for health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child.

Parent's/Guardian's Signature	Date
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