



Date:

**FIELD TRIP PERMISSION FORM**

\_\_\_\_\_ has my permission to participate in the  
Student Name  
following school sponsored field trip: \_\_\_\_\_

**Leave Time:**

**Return Time: Destination:**

I give my consent for this student to travel via school bus, charter bus, Type 20 bus and/or other vehicles:

Yes:            No:

Please list any known medical conditions: \_\_\_\_\_

Please list the telephone number that the school may use to contact you.

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Name and phone number of additional emergency contact person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an apparent or real emergency, in which medical treatment or hospitalization of my child may be necessary, after efforts to contact me at the telephone number above, the undersigned parent or guardian does hereby authorize and appoint Personalized Learning Inc. dba as Redmond Proficiency Academy, through its agents, to obtain any medical treatment or hospitalization of the above named child as they believe necessary and proper for the immediate care and welfare of said child. I do further authorize and direct any medical doctor of hospital to render any and all treatment believed necessary and proper for the immediate care and welfare of the above child and the undersigned agrees to pay for such medical treatment and expenses incurred on behalf of such child and shall hold Personalized Learning Inc. dba as Redmond Proficiency Academy harmless from any and all liability, claims, judgments and costs incurred in or as a result of any such medical treatment or hospitalization.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Teacher during trip and one copy must be left in office during trip

Rev. 02/2018