



OAKRIDGE PUBLIC SCHOOLS

"FIELD TRIP PERMISSION SLIP"

2013

*Close Up Washington Trip
May 4 to May 10, 2013*

Please complete the form below and return to your (son / daughter) teacher.

My (son / daughter) _____, has permission to attend this field trip.

Parent's Signature

Child's Doctors Name _____ Phone No. _____

Indicate Hospital Preference _____

In case of emergency illness or accident to my child, I authorize the school to proceed with the necessary medical care.

Signature of Parent or Guardian

PLEASE LIST ANY MEDICAL CONDITION OR HEALTH INFORMATION THE SCHOOL SHOULD BE AWARE OF (ALLERGIES, MEDICATIONS, VISION, HEARING, OR ANY PHYSICAL PROBLEMS) BELOW. IF YOU NEED MORE SPACE, PLEASE USE THE BACK OF THIS FORM. **MAKE SURE TO LIST ANY MEDICATIONS BEING TAKEN ON THE BACK OF THIS FORM AS WELL.**