

**WILLISTON SCHOOL DISTRICT**  
**PARENT PERMISSION & MEDICAL INFORMATION FORM**

I am the legal guardian and give my permission for \_\_\_\_\_ to attend the field trip to release the trout raised in the classroom. This trip is to Lewis Creek in Starksboro on Tuesday, May 8th from 9:00am - 1:30pm. This field trip is sponsored by FAP Annual Fund. Parents are welcome to join this field trip. There is room on the bus which leaves at 9:00am if you would like to ride with us or you are welcome to drive yourself.

**Students need to bring: Hat, sunglasses, water bottle, sunscreen and waterproof boots are recommended. Please pack a bagged lunch. One can be ordered from the cafeteria.**

\_\_\_\_\_ Order a turkey bagged lunch    \_\_\_\_\_ Order a ham bagged lunch    \_\_\_\_\_ Will bring bagged lunch

\_\_\_\_\_ I plan to attend field trip (name) \_\_\_\_\_

**I have shared all relevant health information on this form with the teacher. All rules governing behavior have been explained carefully to my child.**

**Signed:**

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDICAL INFORMATION**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

A. Does your child have any of the following:

☐ Asthma    ☐ Nose Bleeds    ☐ Faints easily – (medication provided)

☐ Frequent Headaches – (medication provided) \_\_\_\_\_ ☐ Other

☐ Allergies    ☐ Bee Sting    ☐ Food or medicine– (medication provided)

Other Allergies – (medication provided) \_\_\_\_\_

WHEN TO CALL A PARENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\* Please discuss any concerns with your teacher and chaperone before field trip\*\*\***

**Medications: If your student will be requiring medication on this field trip, medication *MUST* be dropped off in person with the school nurse before the school trip, with information on how and when to administer it *AND* supplied from home in a container appropriately labeled by the pharmacy or the person writing the prescription.**

B. Is your child prone to motion sickness?      Circle one:    Yes    No

    If yes, will you be providing medication?      Circle one:    Yes    No

C. Does your child have any physical or emotional issues that you feel we should discuss? \_\_\_\_\_

\_\_\_\_\_

D. How can we reach you in case of an emergency? Only list numbers where a person is likely to answer

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E. Emergency contact if unable to reach you:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Permission for Emergency Treatment

I give the person in charge permission to seek the emergency medical care that he/she deems necessary in case of accidental injury. I also give the medical personnel permission to administer the medical treatment that they feel necessary in case of accidental injury. (Please be advised that there are no medical personnel assigned to field trips.)

\_\_\_\_\_  
*Parent's/Guardian's Signature*

\_\_\_\_\_  
*Date*