

**PERMISSION SLIP FOR FIELD TRIP/LOCK-IN/CONFERENCE**

I hereby give my permission for (name of daughter/son) \_\_\_\_\_  
to participate in \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During that time, I can be reached at (location) \_\_\_\_\_  
(phone) \_\_\_\_\_

I authorize the adult supervisors of the event to take any reasonable action to help ensure the safety, health and welfare of my child.

Medical Release:

As parent and/or guardian, I do herewith authorize the treatment of my child(ren) by a qualified and licensed medical professional of the following minor in the event of a medical emergency which may endanger my child's life or cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Medical allergies \_\_\_\_\_

Chronic illnesses or other medical conditions \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Other contact in case of emergency (name) \_\_\_\_\_

(phone) \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

ID# \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Father/Mother/Legal guardian

Home address \_\_\_\_\_ Phone \_\_\_\_\_