

FIELD TRIP NOTIFICATION/PRIOR APPROVAL 2010-11

Student Name: _____ Grade: _____

Field Trip Dates and Times: _____

Field Trip Description and Location: _____

Block	Teacher Name	Approximate Class Average	Permission Received?	Teacher Initials
1			Y N	
2			Y N	
3			Y N	
4			Y N	

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DAVIESS COUNTY HIGH SCHOOL
Field Trip Permission Form
2010-2011

I give my permission for _____ to attend Daviess
(Student Name)

County High School sponsored field trips with _____
(Teacher's name and/or class)

I understand that each of these trips will be announced in advance so I/we may make a decision on each individual trip. Unless otherwise stated, transportation will be via Daviess County School Bus/Board Vehicle.

Parent/Guardian Signature

Date



MEDICAL RELEASE FORM

In the event of an emergency during this event I give my permission for _____ to be treated at a hospital/clinic.

My child's physician is: _____ Insurance Co.: _____

Policy Number _____ SS# _____

Parent Signature _____

Emergency Phone #1: _____ Person to contact _____

Emergency Phone #2: _____ Person to contact _____

Other medical information of importance:

Advocates Name: _____