

THE SCHOOL DISTRICT OF PHILADELPHIA

**TRIP INFORMATION**

**PARENTAL PERMISSION**

School		School Phone	Grade/Room	Date Prepared
Teacher		Destination		
Educational Purpose of Trip				
Date of Trip	Leave Time	Return Time	Trip Itinerary (summary)	
Method of Transportation		Cost to Student <input type="checkbox"/> Free    \$ _____	Student Lunch <input type="checkbox"/> Bring <input type="checkbox"/> Buy <input type="checkbox"/> Provided <input type="checkbox"/> Not Needed	

Please complete and detach the bottom part of this form and return to teacher

**STUDENT INFORMATION**

Name of student: \_\_\_\_\_ I.D.#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

1. Parent/Guardian: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Parent/Guardian: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student lives with (check all that applies):  Father     Mother     Guardian

**EMERGENCY CONTACTS**

If the parents/guardians cannot be reached, the school will call the people listed below. The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; 3) have the authority to speak on behalf of the parents or legal guardians.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**HEALTH INFORMATION**

If permission is granted, please provide the following medical information or if your child does not have any of the health conditions listed below, please write "none".

Medication/s being taken by student: \_\_\_\_\_  
 Allergies to foods, drinks, insect bites, medications, other: \_\_\_\_\_  
 Other medical information: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medical/Hospital Insurance: \_\_\_\_\_ Group: \_\_\_\_\_ Type: \_\_\_\_\_

I have read the trip information to: \_\_\_\_\_ on \_\_\_\_\_.

Check one: my child  may  may not go on this trip

I understand that in case of any emergency requiring medical treatment, every effort will be made to reach one of the people listed above. If none of these people can be contacted, I authorize the school to give consent to treatment as deemed necessary by emergency responders.

Print Name of Parent/s or Guardian/s: \_\_\_\_\_  
 Signature of Parent/s or Guardian/s: \_\_\_\_\_ Date: \_\_\_\_\_

***A copy of this form is to be kept on file until the end of the school year.***