



dramaworks

Voluntary Field Trip- Parent Permission Slip

Student Name: _____
Destination/Event: _____
Departure Date & Time: _____
Return Date & Time: _____

Staff Member(s) in charge _____
& Contact Info: _____

Transportation: _____

Student Health or Special Needs (circle YES or NO):

Does your student have any special health needs the staff should be aware of? **YES** **NO**
If so, is any medication required? **YES** **NO**
Please attach special need/medication instructions to this form if needed.

In the event of an emergency, please contact: _____
Relationship: _____ Home/Work/Cell # _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, or treatment, emergency transportation, and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. I agree to waive all claims against dramaworks and hold the Organization, and it's employees harmless from any and all liability and responsibility incurred by an accident.

I, _____ (parent/guardian), hereby grant permission for my child, _____, to ride in a vehicle not driven by me on _____ (date of field trip). I understand that by signing this permission slip, I am absolving the driver of undue responsibility in the case of accidental injury.

Parent/Guardian Signature

Date

Printed Parent/ Guardian Name

Home/Work or Cell Phone Number