URBANDALE HIGH SCHOOL—SERVICE LEARNING

FIELD TRIP PERMISSION FORM

PLEASE complete the following form and return ASAP. Students may not participate until this is returned.

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Trip description: ***Daily van trips to various Service Learning sites throughout the semester. There may be times due to attendance issues that only one student and teacher are traveling in the van.***

Fees: **NONE (Unless it is a special “treat” day that we schedule a stop for a snack)**

PLEASE FILL OUT ANY OF THE FOLLOWING MEDICAL INFORMATION THAT MAY BE A FACTOR DURING THE TRIPS.

ALLERGIES:

ASTHMA:

OTHER MEDICAL CONCERNS:

DATE OF LAST TETANUS BOOSTER:

WILL STUDENT REQUIRE MEDICATION DURING THESE TRIPS?

COMMENTS:

**MEDICATION MUST BE KEPT BY SUPERVISING TEACHERS!**

In case of emergency, I give permission for qualified medical treatment to be given to the above named child. An effort will be made to contact parent/guardian prior to emergency service.

I hereby give my permission for the above named student to attend said field trips and acknowledge that all school rules relative to student behavior are in effect throughout the trip.

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I also give permission for UHS and Mr. Peterson to use pictures of my son/daughter participating in Service Learning activities on the school website and in promotional material.

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO thank you, I prefer not to have pictures taken