

*If you student has misplaced a permission form, please print this form out and return a hard copy (do not send via e-mail).  
Signature must be signed in blue ink.*

**LINCOLN-ROOSEVELT SCHOOL  
Field Trip Permission Form**

Date: \_\_\_\_\_ Homeroom: \_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_ to attend the following school sponsored trip:  
(Student's Name)

Date of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Cost to Student: \_\_\_\_\_ Student will will not bring a bag lunch

Anticipated Time of Departure: \_\_\_\_\_ Approximate Return Time: \_\_\_\_\_

\_\_\_\_\_ I would like to be a parent chaperone. Please note **new** parking availability for chaperones on the back of this form.

\_\_\_\_\_ I am NOT available as a parent chaperone for this trip.

If trip is returning **after** regular school dismissal and your child is to be taken home by another person, please write that person's name here: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**IF STUDENTS WILL BE RETURNING TO SCHOOL AFTER REGULAR DISMISSAL, TRANSPORTATION HOME WILL BE THE PARENT'S RESPONSIBILITY.**

Where financial obligations require advance reservations and/or transportation commitments, **there will be NO refunds for this trip.**

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**MEDICAL INFORMATION**

Please be advised that a school nurse will NOT accompany the students. Since only Certified School Nurses are permitted to administer medication, any student in need of medication for a life-threatening illness must be accompanied by a parent OR be capable of self-administration. Students who receive medication for non life-threatening illness will receive their medication from the School Nurse upon returning from the trip unless other arrangements have been made.

**Please check if applicable:**

\_\_\_\_\_ My child suffers from a potentially life-threatening illness. He/she is capable of and has been instructed in the proper method of self-administration of the following medication for the life-threatening illness described below.

\_\_\_\_\_ asthma \_\_\_\_\_ severe allergic reaction (ex., bee sting)

\_\_\_\_\_ Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time

**A self-medication permission form must be obtained from the School Nurse and is to be signed by a Physician and the Parent/Guardian.**

Please list any other known medical conditions: \_\_\_\_\_

In case of emergency, students will be transported to the nearest medical facility and parents will be contacted.

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**Parent/Guardian: Before returning permission form, please fill in and detach portion below as your reminder. Thanks!**

Destination: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Student will will not bring a bag lunch \_\_\_\_\_ I am a parent chaperone. \_\_\_\_\_ I am NOT a parent chaperone.

Anticipated Time of Departure: \_\_\_\_\_ Approximate Return Time: \_\_\_\_\_

