

**Adlai E. Stevenson High School
Student Activities
Field Trip Permission Form**

Name: _____ ID#: _____ Date: _____

Date of Trip: 1-20-17 Departure Time: 3:45 PM Return Time: 10:30 PM

Type of Trip: In School _____ Out of School Periods Missed: _____

Field Trip Coordinator: Jamie Epstein Contact Phone #: 847-917-8825

Nature of Field Trip (please describe): Ice Skating

Parents: Your son/daughter will be participating in a Field Trip to: (City) Chicago (State) IL

Place to be visited: Maggie Daley Park

and will be traveling by:

School Mini Bus School Bus Charter Bus Airplane
 Car driven by Adult (Not recommended) Train

I give permission for my son/daughter to participate in this Field Trip.
Parent/Guardian's Signature: _____ Date: _____

PARENTS - PLEASE FILL OUT THIS SECTION - IMPORTANT

MEDICAL PERMISSION FOR TREATMENT: (DOES NOT APPLY TO IN-SCHOOL FIELD TRIPS)

Whenever injury or emergency illness occurs to the student listed below while the student is under the supervision of Stevenson High School personnel, every attempt will be made to notify the parent or guardian immediately. However, if the parent or guardian is not available and it is felt that emergency treatment is indicated, the signatures below by the parent/guardian will allow the student to be transferred and treated in a timely fashion. The intention of this form is to grant authority to administer emergency treatment of any and all medical conditions.

Student's Name _____ Parent/Guardian Signature _____ Date _____

Parent Phone Number: _____

Please supply the following information, if applicable:

Medical conditions: _____

Medications: _____

Name and Phone Number of person to contact if parent cannot be reached: _____

*******COMPLETE OTHER SIDE IF YOU ARE MISSING ANY OF YOUR CLASSES*******