

**QUESTAR III
FIELD TRIP PERMISSION FORM**

I give permission for my child _____
to accompany his/her class at _____
on a field trip to _____
on _____ departing at _____ and returning at _____
for the purpose of: _____

I understand that transportation is being provided by: _____

I hereby grant Questar III and its employees full authority to take whatever action they deem necessary regarding my child's health and safety in the event I, or any additional emergency contact listed below, cannot be reached, or in a situation where time is of the essence; and fully release the Questar III and its employees from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. Any such action will be taken in the best interests of my child and will be reported to me as soon as possible.

My signature gives permission for both the field trip and any necessary medical action.

Signature of Parent or Guardian _____

Print Name _____ Date _____

EMERGENCY INFORMATION

In the event of an emergency **during this trip**, please indicate who is available and authorized to be contacted:

Name: _____ Phone: _____ parent / guardian / other
Circle one
Name: _____ Phone: _____ parent / guardian / other
Circle one

Please indicate if your child has any of the following and describe below:

____ Asthma ____ Diabetes ____ Seizures ____ Severe Allergy (type: _____)
____ Special Diet ____ Physical Limitation Other: _____

Describe: _____

Please indicate any changes in health or medications (prescribed or over the counter) that were not reported on your child's emergency contact form provided at the start of the school year.

Circle one: no changes / changes are on the back of this form

Administrative Approvals:

Questar III Administrator _____
Signature _____ Date _____

Home District Administrator: _____
(if required) Signature _____ Date _____