

Summer SAIL 2022  
Field Trip Permission Form

Student \_\_\_\_\_ GR \_\_\_\_\_

School: HARDING

Dear Parent/Guardian:

Please note that your child will not be allowed to participate if form is not completed and signed. You must complete this form, sign, and return to his/her teacher by: \_\_\_\_\_.

Please indicate whether your child has any of the following health concerns:

Medical Condition			Treatment/Medication on the Trip
Asthma	Yes	No	
Is an inhaler needed?	Yes	No	
Life-threatening allergy to bee sting?	Yes	No	
Life-threatening allergy to food?	Yes	No	
Heart defect	Yes	No	
Seizure disorder	Yes	No	
Diabetes	Yes	No	
Other health concerns: Yes _____		No	

**Complete ONLY if your child has a medical condition that requires nursing staff**

\_\_\_\_\_ I will attend the field trip(s) and administer any medical treatment that my child may require

\_\_\_\_\_ I am unable to attend the field trip(s) (if you check this line, the school nurse will contact you to discuss how health needs will be accommodated on this trip(s).)

Please list emergency contact information during the time of day your child will be on the field trip.

Name: \_\_\_\_\_  
*Primary*

Best Number to Call: \_\_\_\_\_

Name: \_\_\_\_\_  
*Secondary*

Best Number to Call: \_\_\_\_\_

Monday, July 25	Tuesday, July 26	Wednesday, July 27	Thursday, July 28	Friday, July 29
Smiley's Ice Cream Truck/Parent Luncheon/Game Day at Harding	Greengarden Bowling 9:00 to 11:00	Presque Isle 9:00 to 11:00	Flying Squirrel 9:00 to 11:00	Zoo 10:00 to 11:30
	____ Yes, I consent	____ Yes, I consent	____ Yes, I consent	____ Yes, I consent
	____ No, I do not consent	____ No, I do not consent	____ No, I do not consent	____ No, I do not consent

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Best number to reach parent/guardian