

THE SCHOOL DISTRICT OF PHILADELPHIA

TRIP INFORMATION

PARENTAL PERMISSION

School	School Phone	Grade/Room	Date Prepared
Teacher	Destination		
Educational Purpose of Trip			
Date of Trip	Leave Time	Return Time	Trip Itinerary (summary)
Method of Transportation	Cost to Student <input type="checkbox"/> Free \$ _____	Student Lunch <input type="checkbox"/> Bring <input type="checkbox"/> Buy <input type="checkbox"/> Provided <input type="checkbox"/> Not Needed	

Please complete and detach the bottom part of this form and return to teacher

STUDENT INFORMATION

Name of student: _____ I.D.#: _____ Date of Birth: _____

PARENT/GUARDIAN INFORMATION

1. Parent/Guardian: _____ Home Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 2. Parent/Guardian: _____ Home Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Student lives with (check all that applies): ☐ Father ☐ Mother ☐ Guardian

EMERGENCY CONTACTS

If the parents/guardians cannot be reached, the school will call the people listed below. The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; 3) have the authority to speak on behalf of the parents or legal guardians.

Name: _____ Name: _____
 Home Phone: _____ Home Phone: _____
 Work Phone: _____ Work Phone: _____
 Cell Phone: _____ Cell Phone: _____

HEALTH INFORMATION

If permission is granted, please provide the following medical information or if your child does not have any of the health conditions listed below, please write "none".

Medication/s being taken by student: _____
 Allergies to foods, drinks, insect bites, medications, other: _____
 Other medical information: _____
 Physician's Name: _____ Phone: _____
 Medical/Hospital Insurance: _____ Group: _____ Type: _____

I have read the trip information to: _____ on _____.

Check one: my child ☐ may ☐ may not go on this trip

I understand that in case of any emergency requiring medical treatment, every effort will be made to reach one of the people listed above. If none of these people can be contacted, I authorize the school to give consent to treatment as deemed necessary by emergency responders.

Print Name of Parent/s or Guardian/s: _____

Signature of Parent/s or Guardian/s: _____ Date: _____

A copy of this form is to be kept on file until the end of the school year.