

**TRAVERSE CITY AREA PUBLIC SCHOOLS**

**PARENTAL PERMISSION TO ATTEND CURRICULAR/EXTRA-CURRICULAR  
EVENTS AND DESIGNATION OF DRIVERS AND VEHICLES AND EMERGENCY MEDICAL  
AUTHORIZATION (FIELD TRIP PARENT PERMISSION)**

A field trip to \_\_\_\_\_ is being planned on \_\_\_\_\_  
by \_\_\_\_\_ (Teacher's Name) class. The trip will commence at  
\_\_\_\_\_ and the class will return to school at approximately  
\_\_\_\_\_.

Pupils will travel by:     school bus         private car         walking         charter bus

Pupils will:                 need         not need        a cold lunch

I give permission for my child \_\_\_\_\_ (Child's Name) to be  
transported by private car transportation as follows:

<u>Driver(s)</u>	<u>Vehicles(s)*</u>		<u>License Plate Number</u>
	<u>Type</u>	<u>Owner's Name</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Type of vehicle to be used, i.e. sedan, station wagon, van, etc., and vehicle's owner should be identified in this column.

Emergency Numbers for **TEMPORARY** care if we are unable to reach you:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone  \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone  \_\_\_\_\_

Daycare/Babysitter's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Bus Route (if applicable) \_\_\_\_\_

**HEALTH INSURANCE & MEDICAL AUTHORIZATION**

Is your child's health covered under Medicaid/MiChild/None/Other \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

List below **Special Medical Conditions** which may require attention at school (include allergies):

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List below **ALL MEDICATION** taken by the student:

(Name/type)\_\_\_\_\_ (dosage)\_\_\_\_\_ (route)\_\_\_\_\_ (time)\_\_\_\_\_

(Name/type)\_\_\_\_\_ (dosage)\_\_\_\_\_ (route)\_\_\_\_\_ (time)\_\_\_\_\_

(Name/type)\_\_\_\_\_ (dosage)\_\_\_\_\_ (route)\_\_\_\_\_ (time)\_\_\_\_\_

**Please note: A signed Medication Authorization must be on file in the office prior to dispensation of medication during school hours. This form is available in your school office.**

In the event of a medical emergency, if reasonable attempts to contact a parent or those listed for temporary care on the front of this card have been unsuccessful. I hereby give my consent on behalf of my child for administration of any treatment deemed necessary by the physician or dentist. I have specified above or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and/or for transfer of my child to a reasonably accessible hospital. I will be responsible for all emergency transportation and medical costs.

We would like to have your son/daughter go on the trip. However, without your written permission, s/he will not be allowed to attend. We will make other arrangements for him/her at school. Please fill in the following form and return it to the school if you wish your child to go on this field trip.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Phone # \_\_\_\_\_

8/7/14