

Monroe Public Schools  
**Parent/Guardian Consent Form for Instructional Field Trips**

PLEASE SIGN AND RETURN TO YOUR STUDENT'S TEACHER

I hereby give permission for (student's name) \_\_\_\_\_ to participate in a field trip to (activity) \_\_\_\_\_ on (date) \_\_\_\_\_

Transportation provided by:  Bus  Van  Charter  Other: \_\_\_\_\_

School SVEC \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Student cost\* N/A Adult cost N/A Make checks payable to: \_\_\_\_\_

Teacher/staff member(s) in charge Colin Eggers & Rob Sandelin \_\_\_\_\_

I understand that in the event of accident or illness, every effort will be made to contact parents or guardians immediately. If it becomes necessary for the staff member in charge to obtain emergency care for my child, I authorize Monroe Public Schools to secure emergency medical care as needed.

Parent/guardian name (print) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

I am interested in chaperoning for this trip: \_\_\_\_\_ Yes \_\_\_\_\_ No Parent's Initials \_\_\_\_\_

Home address \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Student/chaperone emergency contact \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Student Birthdate \_\_\_\_\_ Physician Name/Phone Number \_\_\_\_\_

Student/chaperone health concerns (e.g., allergies, other issues) \_\_\_\_\_

**Medication Information**

*This section must be completed ONLY for students who will receive medication on the field trip.*

A district medication authorization form must be signed by both the parent and physician in order for a student to receive medication on a field trip. Students currently receiving medication at school must have a physician sign a new authorization form only when the field trip extends beyond the hours of the school day and the current order does not include dose(s) received during the hours of the field trip. Medication must be delivered to the school in a pharmacy labeled or original container.

Medication to be taken while on field trip:

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ Other Info \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ Other Info \_\_\_\_\_

**Note: Students who fail to return a completed Parent/Guardian Consent Form for Instructional Field Trips will remain at school during the scheduled field trip or activity.**

*\*If needed, please contact your child's teacher or principal for information on confidential scholarship assistance.*