



FIELD TRIP PERMISSION SLIP



I give permission for my son/daughter _____
 (Student Name)
 to accompany the _____ Robotics _____ class/team on a field
 trip to _____ on _____

In the event of a serious injury/accident, I give permission for my child to be taken to the nearest physician or hospital AND treated.

Below please list the names of parent/guardian and/or persons to be contacted in the event of an emergency and the telephone or beeper numbers where they can be reached on the above date!

FIRST CONTACT: _____ Work # _____
 (parent/guardian) Home # _____

Second Contact: _____ Phone # _____

Third Contact: _____ Phone # _____

Family Physician: _____ Phone # _____

Family Dentist: _____ Phone # _____

1. Is your child allergic to any food and/or medication?
 (yes) (no)
 List:
2. Is your child currently on any medication?
 (yes) (no)
 List:
3. Is it necessary for your child to take medication while on this trip?
 (yes) (no)
 List:
4. Does your child have a serious health concern?
 (yes) (no)
 List:

Signature: _____ Date: _____