Wesclin School District
Overnight Field Trip
Health Information Form

- Must be completed by a parent/guardian of each student attending

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Student Information:

Student Name_____ Date of Birth_____

Address:_____

Family Contact Information:

Father's Name_____ Mother's Name_____

Contact Number_____ Contact Number_____

Physician Information:

Physician Name_____ Office Number_____

Address_____

Health/Medical Insurance Information

The information that you provide will remain confidential. The purpose of this form is to provide our staff with health and safety information about your child.

Insurance Provider_____

Insured Name_____ Policy/Group #_____

Check pertinent medical information:

_____ Special Diet
_____ Asthma
_____ Physical Restrictions
_____ Seizures
_____ Other medical concerns
_____ Drug Allergies
_____ Food Allergies
_____ Diabetic

Briefly Explain_____

Medication on trip - check those that apply:

_____Student will NOT have any medication
_____ Student will have prescription medication (additional form may be required)
_____ Student will have over the counter medication (additional form may be required)

I, the undersigned parent/guardian of the above participant, consent to the attendance of said participant and do hereby release and discharge Wesclin Unit School District #3 from any and all liabilities for any injuries sustained by said participant while in attendance on said trip.

As parent/guardian, I hereby authorize Wesclin Unit School District #3 to secure and administer treatment for my child in the event of a medical emergency, which should not be delayed ager a reasonable effort has been made to contact me. I hereby give permission for necessary medical, surgical and dental care during the overnight field trip.

_____ _____

Parent/Guardian Signature ***Date***

Wesclin School District
Overnight Field Trip

Parent/Guardian Permission Slip

- Must be completed by a parent/guardian of each student attending.

Staff Member's Name: _____

Organization: _____

Dates of Trip:

Departure Date/Time: _____

Return Date/Time: _____

Location of Trip: _____

Parent/Guardian Permission:

My son/daughter, _____ has permission to take part in the school sponsored overnight trip detailed above. I understand that each student must leave and return with the group in the transportation provided for by the school unless previous permission has been granted. The group will be accompanied and supervised by a school representative. I understand and agree that neither the school district nor the school personnel are responsible beyond that of general supervision. I also understand that this is a prearranged absence and that my student is responsible for any and all work that is missed on the day(s) of the trip. Field Trips are voluntary and students are strongly encouraged to attend school if they will be missing an important assignment, project, presentation, test review, or test on the day of the field trip.

Students are representing Wesclin Unit School District on this trip. I understand that my child must abide by all Wesclin Unit School District rules, regulations, and chaperones instructions. Failure to comply with these rules can result in disciplinary action which could include immediate removal from the activity at the parent/guardian's expense.

Parent/Guardian Signature _____ Date _____

Phone Number: _____

Wesclin School District
Overnight Field Trip Request Form

For Overnight and/or Trips over 150 Miles

- When possible, must be submitted at least 30 days prior to the trip.

Staff Member's Name: _____

Organization: _____

Dates of Trip (attach a detailed itinerary):

Departure Date/Time: _____

Return Date/Time: _____

Location of Trip: _____

Educational Purpose: _____

_____

_____

_____

Number of Students Involved in Activity: _____

Cost Per Student _____ **Funding Source** _____

Number of Chaperones Involved in Activity: _____

Cost Per Chaperone: _____

Travel Information:

Mode of Transportation (list all): _____

Lodging Arrangements (once finalized a rooming list must be submitted):

- If staying in multiple hotels, attach a separate sheet listing all hotels.

Hotel Name: _____ **Phone #** _____

Address: _____

Approval:

_____	_____	_____
Principal's Signature	Superintendent's Signature	Board Approval Date