

**Indian River School District**  
**Field Trip Permission/Release Form & Student Emergency Data Information**

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**The below requested information must be completed by the Parent/Guardian.**

Yes, \_\_\_\_\_, has my permission to go on the field trip to \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_ (student name). I understand that he/she will be under school supervision at all times.

No, \_\_\_\_\_, may not go on the field trip to \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_ (student name).

This permission is given with my understanding that my child must adhere to all District and school policies throughout the time of the field trip. I also understand the procedures for a field trip delay or closing of school, and that each student is responsible for all personal property taken on this field trip (lost/damaged/stolen).

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Student Date of Birth: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mother/Guardian's Name:** \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_

**Place of Employment:**

Mother/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Co.:** Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

**Indicate Any Medical Problems of Student:**

\_\_\_\_\_

**Indicate any Medication Currently Taking or Prescribed (if any):**

\_\_\_\_\_

**Indicate any Allergies (food, medicine, environmental):**

\_\_\_\_\_

**If Parent/Guardian cannot be reached, call:**

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

**All of the above information is required of every student attending a school sponsored field trip and must accompany each student.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_