

TRAVERSE CITY AREA PUBLIC SCHOOLS

Parental Permission
to Attend Curricular/Extra-curricular Events
Designation of Drivers and Vehicles
and Emergency Medical Authorization
Emergency Medical Authorization
 (Field Trip Parent Permission)

A field trip to _____ is being planned on _____
 by _____ class. The trip will commence at _____ and the class
 Teacher's Name
 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 _____ to be transported by private car transportation
 (Child's Name)

transportation as follows:

Driver(s)	Vehicle(s)*		
	Type	Owner's Name	License Plate #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* 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):

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 the 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 SIGNATURE _____ **DATE** _____