Rock Eagle Field Study Sample Permission Slip

Student’s Name: Date:

Grade: Teacher:

For your child to participate in this educational trip, it is necessary for him/her to have your permission and for you to supply the following required information. Complete the form and return to the school with check or cash by .

1. My child has permission to participate in the Environmental Education Program at Rock Eagle 4-H Center.

|  |  |
| --- | --- |
| * Yes | * No |

2. My child has permission to participate in **all** classes chosen by school personnel.

|  |  |  |
| --- | --- | --- |
| * Yes | * No |  |

3. I understand my child **must have accidental insurance coverage** to attend the trip to Rock Eagle. ***The Rock Eagle 4-H Center is not responsible for medical coverage. The student must be covered by a parent or school policy.***

\_\_\_\_\_ My child is already covered by an insurance policy.

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I will need to purchase a school insurance policy. (The school policy

with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ costs $ \_\_\_\_\_\_\_\_\_).

4. I give permission for my child to be taken to a doctor or hospital for medical treatment should the need arise.

|  |  |
| --- | --- |
| * Yes | * No |

5. The phone number where I can be reached in case of emergency:

Cell (primary number): Day: Evening:

\*Alternate contact person if I cannot be reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:

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