

Marathon Jr/Sr. High Field Trip Permission Slip & Notification Form



_____ has my permission to go with the _____ of
(name of student) (grade, class, club)

Marathon Central School on a field trip to _____ on _____.
(date)

In case of an emergency, I give the chaperone(s) permission to seek medical treatment during this time.

Please list any allergies or important health issues:

List any medication the teacher/chaperone may need to dispense:

Emergency Contact: _____
(name) (relationship) (date)

Signature of Parent/Guardian

In order to make sure all parties have been notified, Marathon Central School District requires signatures from all teachers and Guidance Office.

Teacher Signature	Class	Concerns	<input type="checkbox"/> yes <input type="checkbox"/> no	Date

Teacher Signature	Class	Concerns	<input type="checkbox"/> yes <input type="checkbox"/> no	Date

Teacher Signature	Class	Concerns	<input type="checkbox"/> yes <input type="checkbox"/> no	Date

Teacher Signature	Class	Concerns	<input type="checkbox"/> yes	<input type="checkbox"/> no	Date

Teacher Signature	Class	Concerns	<input type="checkbox"/> yes	<input type="checkbox"/> no	Date

Teacher Signature	Class	Concerns	<input type="checkbox"/> yes	<input type="checkbox"/> no	Date

Teacher Signature	Class	Concerns	<input type="checkbox"/> yes	<input type="checkbox"/> no	Date

Teacher Signature	Class	Concerns	<input type="checkbox"/> yes	<input type="checkbox"/> no	Date

Guidance Office Signature	absences	tardies	Date
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Additonal Comments: