



Special Event Off-Campus Permission Form

Student Name:		Grade:	
Activity:		Date:	
Teacher In Charge:			
Departure Time:		Approximate Return Time:	
Transportation:		Cost: Will be charged to FACT's Accts	Food:
Return Form by:			

Please note that we cannot accept handwritten notes, phone calls, or other substitutions in lieu of this form. Students who do not return a form with their name filled in and their parent's signature will not be permitted to attend and will be supervised at school.

Parents may choose for their child to not participate in this field trip. If this should be the case, the student will not be academically penalized for non-participation, but he/she is not excused from school during the time of the field trip. An alternative assignment and/or supervised study time will be provided for students not participating in the field trip.

Special Needs/Parent's Wishes

If your student has allergies or other medical or special needs, please write them out, sign them, attach them to this sheet and initial below. Please understand that such special needs may prevent a student from participating in some events. Also, if you do not wish for your student to participate in a particular aspect of this trip, please attach a statement to that effect and initial below.

Special student information attached. Parents initial here: _____ If you initialed this space, please also communicate your wishes to your child. Thank you.

At the beginning of the school year, you filled out the Annual Field Trip/Medical form which had your emergency contact names, phone numbers, doctor's name, insurance information, etc. Is this card up to date? _____ if not, please provide any new information:

Parental Permission for Medical Attention & Participation

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

I have carefully read all the above information and understand its terms.

I give permission for my/our son/daughter to participate and agree to the terms for this off-campus activity.

Parent/Guardian Signature:	Printed Name:
Contact Phone:	Date:

I do not wish my child to participate. Please make other arrangements for him/her.