

**Warren County Public Schools  
Parent/Guardian Field Trip Permission Slip**

By signing below, you are stating you are the legal guardian of the student and are giving your permission for \_\_\_\_\_ to go on a field trip to \_\_\_\_\_ on the following date: \_\_\_\_\_, and travel by bus transportation, or other school transportation, which will be furnished by the Warren County Board of Education unless otherwise stated.

**As this student's legal guardian, you must answer YES OR NO to the following questions (Please circle your answer). In order to make proper arrangements for medical needs, this form must be submitted to the school two weeks prior to the event.**

**Does your child have:**

Epilepsy/Seizures? .....YES NO

Any Allergic Conditions requiring the use of an Epi-Pen? .....YES NO

Asthma that requires the use of an Inhaler? .....YES NO

Diabetes or Glucagon for treatment of hypoglycemia? .....YES NO

If you answered "YES" to any of the above questions, please provide a detailed explanation of your child's medical treatment: \_\_\_\_\_

Please list any other Medical Conditions: \_\_\_\_\_

Required Medications to be dispensed on field trip: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Medical Release Form**

In the event of an emergency during this event, I give permission for \_\_\_\_\_ to be treated at a hospital/clinic/doctor's office.

Child's physician is: \_\_\_\_\_ Insurance Co.: \_\_\_\_\_ Policy No. \_\_\_\_\_

Emergency phone #1: \_\_\_\_\_ Name: \_\_\_\_\_

Emergency Phone #2: \_\_\_\_\_ Name: \_\_\_\_\_

Please add any additional information to the back of this form.