



Hardin Northern Elementary School

FIELD TRIP PARENTAL PERMISSION

2021-2022 School Year

Student Name: _____ Birthdate: _____

Current Grade: _____ Teacher _____

Your child's class will be going on a class field trip at the end of this school year. By signing below you are authorizing permission for your child to participate and attend the class field trip this year.

Emergency Contact Information

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name: _____ Relationship: _____

Cell/Alternate Phone: _____ Work : _____

Name: _____ Relationship: _____

Cell/Alternate Phone: _____ Work : _____

Are there any Medical needs we need to be aware of? (Circle one) **No **Yes****
If yes, please complete "Medical Needs" section:

Medical Needs: (Please indicate if child is allergic to any foods, etc.)

Signature of Parent or Legal Guardian

Printed Name of Parent or Guardian

Date