

**JASPER SCHOOL DISTRICT
TRAVEL AND EXCURSION PERMIT**

School _____

Trip _____ Group Participating _____

Sponsors _____

Mode of Transportation _____ Provided by _____

Departing on ____/____/____ Time ____ Returning on ____/____/____ Time ____

Your child will need to bring _____

Place of Lodging _____ Phone Number _____

Description of Program or Trip _____

We give permission for _____ to go on the above field trip and agree that
(Student's Name)
our child will be expected to conform to the same rules of behavior as are expected at school. We also agree that school authorities should take disciplinary action if he or she does not conform to policy.

We hereby agree to hold harmless and free from blame the school and its employees in case of injury.

Parent/Guardian Signature _____ Phone _____ Date ____/____/____

Student Signature _____ Date ____/____/____

Medical Release

We hereby give permission for the above named sponsor to authorize medical treatment for our son/daughter in the case of an emergency.

We DO NOT give permission for authorization of medical treatment of our child
Parent Signature _____ Date ____/____/____

Please list on the back of this form any allergies or medical conditions your child may have.

Sack Lunch Requirements

Sack lunches are not needed on this trip.

Your child will need a sack lunch on this trip. Please check one of the options below.

My child will bring a sack lunch from home.

My child will need a sack lunch from the school cafeteria.