

CHESTER TOWNSHIP SCHOOLS
Field Trip Permission and Health Information

NAME _____ AGE _____ DOB _____

ADDRESS _____

PARENT'S NAME _____ HOME PHONE _____

BUSINESS PHONE _____ EMAIL _____

EMERGENCY CONTACT'S NAME _____

EMERGENCY PHONE #'s _____

I. PERMISSION

**A. I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO
ATTEND THE SCHOOL-SPONSORED FIELD TRIP TO:**

_____ ON _____
location date

parent's signature/date

**B. I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO
RECEIVE EMERGENCY MEDICAL TREATMENT BY A FIRST
AID SQUAD AND/OR HOSPITAL IF NEEDED: (Note: A child may
not attend a field trip unless the school is granted this authorization
OR a parent attends the trip with the child.)**

parent's signature/date

II. HEALTH INFORMATION:

**A. Does your child have any allergies? _____ yes _____ no (If yes,
please explain _____**

**B. Is your child allergic to any medications? _____ yes _____ no (If yes,
please list: _____**