

FIELD TRIP STUDENT PERMISSION FORM

Chippewa Falls Senior High School

735 Terrill Street

Chippewa Falls, WI 54729-1996

School Phone: 715-726-2406 Fax: 715-726-2792

_____ has the opportunity to participate in a school activity away from school premises. If you approve your students' participation, please read, sign and return the form to the Teacher/Advisor by the following date. _____

Nature of Field Trip: Chippewa Falls Marching Cardinals Performance

Destination: See department calendar for details

Leave Date/Time: Travel during the 2018-2019 year

Return Date/Time:

Teacher/Advisor: Michael Renneke 715-554-4883
Barry Hitt 715-450-5646

Mode of Transportation:

District Owned Vehicle (be specific):

Commercial (Identify Name of Company): Chippewa Yellow Bus
Kobussen Coaches

Other (be specific):

I understand the nature of the school activity in which my student will be participating and that he/she is expected to abide by all school regulations during the course of the activity.

I hereby give my permission for him/her to participate in the above-described activity.

In the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my student without financial obligation to the district. I do further authorize emergency treatment to be initiated at any medical facility to which my student has been transported.

I further agree that if my student receives medical treatment and/or is hospitalized, his/her name will be released to school district officials upon their request.

Important Medical Information (medications, medical conditions, allergies, etc) regarding my student:

Emergency Contacts

Phone Number(s)

Parent/Guardian Signature _____ **Date** _____



Advanced Excuse

(completed by student and each classroom teacher)

_____ has requested permission to be excused for the purpose of _____

On the following date(s): _____

Teachers, please initial to indicate approval:

EB. _____ 4. _____ 7. _____

1. _____ I _____

2. _____ 5. _____

3. _____ 6. _____

This will be an excused absence, provided all classwork is made up as specified by the respective teacher.

Field Trip Staff/Supervisor Signature _____

Responsibilities of Supervisors While on Field Trips

- Be sure to bring all emergency medical information along with you on the trip, including documentation giving permission to administer any medications and authorization for a physician and/or hospital staff to treat the student in the event of an emergency.
- All supervisors are reminded that if it is determined that any student has or has had on his/her person or in his/her possession, any controlled substance, drug paraphernalia, alcoholic substance, or is under the influence of alcohol or other drugs while on a school field trip, he/she should be referred to the local law enforcement agency immediately. After notifying law enforcement, the supervisor should contact an administrator at school or at home using the following numbers (High School # 715-726-2406):

Ms. Davis..... HS Ext. 1182/Cell # 715-579-6333

Mr. Zenner..... HS Ext. 1087/Cell # 715-215-0939
Home Cell# 715-563-4690

Mrs. Etmund..... HS Ext. 2204/Cell # 715-514-8369
Home # 715-720-1175

Arrangements should be made to send a student home as soon as it can be practically accomplished. Under no circumstances should a student be allowed to represent the school in activities, exhibitions, or competitions after committing serious school rule infractions while on the trip.

Emergency Authorization Information – Completed by Parent/Guardian

Student Name _____ Date of Birth _____

In the event that emergency medical care is needed while my son/daughter is involved in extracurricular activities, I authorize the respective school personnel to transport him/her to a physician's office or emergency center. Further, I authorize the physician and hospital staff to treat my son/daughter, as they deem necessary.

Parent/Guardian Signature _____ Date _____

Medication presently taking _____

Known allergies to drugs and anesthetics _____

Father's Name _____ Home Phone _____ Work Phone _____

Father's Address _____ Father's Employer _____

Mother's Name _____ Home Phone _____ Work Phone _____

Mother's Address _____ Mother's Employer _____

Insurance Company and Number _____

Family Doctor _____ Telephone _____

Family Dentist _____ Telephone _____