

**PARENTAL APPROVAL FORM**

**CODE: 352-R3**

STUDENT'S NAME: \_\_\_\_\_  
PARENT'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

I, (Parent's Name) \_\_\_\_\_, grant  
permission for (Student's Name) \_\_\_\_\_, to  
participate in the following overnight field trip,  
\_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

Is your child under any medication at the present time? \_\_\_\_\_  
If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_  
\_\_\_\_\_

Please make us aware of any other problems which might affect your child's  
experience.

Should an emergency occur, we will notify you at once. If we cannot reach you  
please give us an alternate person and telephone number.

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_