

Rock Eagle Field Study Sample Permission Slip

Student's Name: _____ Date: _____

Grade: _____ Teacher: _____

For your child to participate in this educational trip, it is necessary for him/her to have your permission and for you to supply the following required information. Complete the form and return to the school with check or cash by _____.

1. My child has permission to participate in the Environmental Education Program at Rock Eagle 4-H Center.

YES _____ NO _____

2. My child has permission to participate in **all** classes chosen by school personnel.

YES _____ NO _____

3. I understand my child **must have accidental insurance coverage** to attend the trip to Rock Eagle. ***The Rock Eagle 4-H Center is not responsible for medical coverage. The student must be covered by a parent or school policy.***

_____ My child is already covered by an insurance policy.

Company Name: _____

Policy No: _____

_____ I will need to purchase a school insurance policy. (The school policy with _____ costs \$ _____).

4. I give permission for my child to be taken to a doctor or hospital for medical treatment should the need arise. YES _____ NO _____

5. The phone number where I can be reached in case of emergency:

Cell (primary number): _____

Day: _____ Evening: _____

*Alternate contact person if I cannot be reached: _____

Relationship: _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

Making the best better!