

FIELD TRIP PERMISSION AND MEDICAL RELEASE

I give permission for my child _____, to go on school field trips.

In case of a medical emergency, I give Dallas Elementary School District #327, and it's employees authorization to seek medical services if my child needs medical attention.

Medications being taken, allergies, and past medical history.

Parent Contact Number Daytime

Parent Contact Number Evening

Emergency Number if Parents can not be contacted

Parent Signature - Date