FIELD TRIP PERMISSION FORM

TO: Parents
FROM: Broadmoor Middle Lab School Principal
SPONSOR: Broadmoor Middle Laboratory School
SUBJECT: SCHOOL SPONSORED FIELD TRIP

I agree to allow my son/daughter, _______________________________ to participate in the school sponsored trip listed below.

Destination and purpose of trip: ________________________________

Leaving Dates: ________ Time: ________ (estimated)

I understand the group will travel by ________________________________.

The privilege to go on this trip carries with it the obligation for a student to conduct himself in such a way that credit will be reflected upon the student, the school and the home which is represented. Correct dress and behavior for this particular trip will be observed.

“Participation in this field trip or activity is not required and is purely voluntary on the part of each student and his or her parent. Reasonable precautions will be taken in the interest of safety. It is understood, however, that neither the Caddo Parish School Board nor any employee, nor any sponsor of this trip or activity will be held liable for any accident, injury of illness that might occur to any student while on such trip or while participating in such activity.

“The undersigned student and his or her parent or guardian does hereby expressly release the Caddo Parish School Board, its employees and all sponsors of such trip or activity from any and all liability for any accident, injury or illness which may be sustained while on such trip or while participating in such activity.

“This release shall not apply any liability which arises out of or results from the fault or negligence of the Caddo Parish School Board, its officers, agents and employees.”

Please sign and return to the sponsor:

__________________________ Date
Parent or Guardian

__________________________ Phone Number (Home)
Address

I UNDERSTAND THAT SHOULD MY CHILD BECOME A BEHAVIOR PROBLEM, HE/SHE MAY REQUIRE A PARENT/GUARDIAN TO CHAPERONE ON FIELD TRIPS.

PARENT SIGNATURE: ________________________________

MY CHILD WILL NEED A SACK LUNCH FROM THE SCHOOL CAFETERIA: YES or NO
(Circle one.)

I will be able to chaperone a trip:

Date(s) of trip: ________________________________ Best time to call: ________
CONSENT FOR MEDICAL TREATMENT

In the event of an emergency occurring while my son/daughter is on a school sponsored trip, I hereby grant permission to the school and/or its employees to take whatever action deemed necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter

_____________________________ to receive medical treatment.

Parent’s/Guardian’s Signature: ______________________________

Home Phone ( ) ___________________ Date: ____________

Business Phone ( ) ___________________

Address ____________________________

Person to be notified other than parent or guardian in emergency:

Emergency Person: ___________________ Phone ( ) ____________

Family Doctor: _______________________ Phone ( ) ____________

If you do not give permission or authorization for consent to medical treatment, what procedure should be followed? (Please state.)

____________

Signed: _______________________________ Date: ________________
(Parent/Guardian)

MEDICAL INFORMATION

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Condition or Disease</td>
<td>______</td>
</tr>
<tr>
<td>Diabetes</td>
<td>______</td>
</tr>
<tr>
<td>Asthma</td>
<td>______</td>
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<tr>
<td>Convulsive Disorder</td>
<td>______</td>
</tr>
<tr>
<td>Allergic to Insect Stings</td>
<td>______</td>
</tr>
</tbody>
</table>
| Allergic to Any Medication | ______ | ______ | Date of last Tetanus Shot: ____________
| If yes, please state: ____________ | Do you wear contact lens? YES or NO

Additional medical information that may be helpful. (Please state.)

If student is receiving medication, please list name of medication, dosage and time to be taken.

Insurance Company: ____________ Policy Number: ____________