

**BEYER HIGH SCHOOL FIELD TRIP
PARENT PERMISSION TO ATTEND AND
EMERGENCY MEDICAL AUTHORIZATION
(THIS FIELD TRIP IS VOLUNTARY.)**

STUDENT ID _____ STUDENT NAME _____

has my permission to attend _____ **Senior Trip** _____ which will take place at

(Activity or Event)

Disneyland -So. California _____ on **5/23-5/24** _____

(Location/City)

(Date)

Class/Group Attending: _____ **Class of 2019** _____

Time of departure: **(5/23) at 12:00 a.m. (midnight)** Time of return: **(5/24) 8:00 a.m.**

Teacher or Leader: _____ **Melissa Maher 209-492-4389** _____

Method of Transportation: _____ **Bus** _____

If traveling by automobile, name of driver: _____

In case of Emergency

Doctor Name: _____ Phone Number: _____

Family Medical/Hospital Insurance carrier: _____

Group or Policy #: _____

Emergency contact/name: _____ Phone number: _____

Allergies to drugs, food or other: _____

I understand that all students going on this trip will conduct themselves properly, be responsible to the bus driver, to teachers, and adult sponsors. It is further understood that students will go and return from the event in the transportation provided.

Parent permission for student to attend field trip and, if needed for emergency medical treatment:

Parent Signature

Date

Cell/Home Phone Number

Work Phone Number