

College Forward
Field Trip Permission Form

I am aware that College Forward is sponsoring a field trip to the _____ (event name) on _____ (date). By affixing my signature below, I, _____, give permission to my son/daughter, _____, to participate in this field trip. I understand that my child will be supervised by a College Forward staff person during the trip.

I also release College Forward, the _____ School District, the state of Texas, and their employees from any liability for any accidents, injuries, or illness that may occur to my child from his/her participation in the program. College Forward staff members also have my permission to care for my child in the case of a medical emergency, and I have included some important information that applies to my child below.

Please fill out the following information:

NAME of PARENT: _____
HOME ADDRESS: _____
HOME PHONE: _____ ALTERNATE PHONE: _____
DO YOU HAVE MEDICAL INSURANCE? YES: _____ NO: _____
If "YES", PLEASE INCLUDE THE FOLLOWING:
NAME OF INSURANCE COMPANY: _____
INSURANCE POLICY NUMBER: _____

ALTERNATE EMERGENCY CONTACT:
NAME: _____ PHONE NUMBER: _____

STUDENT'S MEDICAL INFORMATION:
IS STUDENT CURRENTLY TAKING MEDICATION? YES _____ NO _____
IF YES, NAME AND DOSAGE: _____

DOES YOUR SON/DAUGHTER HAVE ANY ALLERGIES, MEDICAL RESTRICTIONS, OR OTHER SPECIAL NEEDS THAT COLLEGE FORWARD STAFF SHOULD KNOW ABOUT BEFORE THE TRIP? IF SO, PLEASE SPECIFY:

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____
DATE: _____