

## PARENT PERMISSION FORM FOR OUT OF SCHOOL TRAVEL

As parent/guardian, I give permission for my child to participate in the activity noted below. I understand that this is an off school premises activity and that Lincoln Public Schools staff will be supervising this activity. I understand that transportation will be provided by the means noted below and give permission for my child to travel in this manner. In addition I give permission for the person noted under Emergency Medical Authorization to act on my behalf should it become necessary for my child to receive emergency medical care.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number with area code: \_\_\_\_\_

Emergency Medical Authorization: \_\_\_\_\_

Emergency Phone Number:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Deductibles/Co-pay: \_\_\_\_\_

Please list any special medical conditions that emergency staff need to know: example: allergies to medications:

Travel for the activity is as follows: