Grayling High School
Field Trip Permission Form

☐ **Day Trip**

☐ **Overnight Trip**

I, _____, understand and will follow all regulations of the Grayling High School Student Handbook and any/all rules set by my coach/instructor. I understand failure to do so will result in disciplinary action which may include being sent home immediately. I will conduct myself in a way that will be a credit to my team and school.

_____ _____

Student's Signature Student's Name (Print)

_____has my permission to go to _____

(Student's Name) (Event)

in_____ on _____

(Location/City) (Date)

with_____.

(Team)

In the case of severe disciplinary issue or medical situation requiring my student to be transported home immediately, I understand I am responsible to make and pay for arrangements.

_____

Parent's Signature

In case of emergency (medical or disciplinary) please contact me in this order:

1._____ 3._____

2._____ 4._____

Medical Authorization

In case of an emergency, I give the coach or advisor permission to take my child to the hospital and I give the coach/advisor guardianship in the case of an emergency. This is only to ensure my child shall receive medical care.

_____ _____

Parent's Signature Date

_____ _____

Medical Insurance Co. Home Telephone Number

_____ _____

Policy Number Business Telephone Number

_____ _____

Family Doctor Doctor's Address

List allergies or medications being taken. **All medications must be in original container(s) with written directions for dosage/usage attached and given to the coach.**

_____ _____

_____ _____