

**VCUSD#3
Trip Consent Form**

Name: _____ **Home Phone:** _____

Address: _____

Mom's Name: _____ **Work Phone:** _____

Dad's Name: _____ **Work Phone:** _____

Emergency Contact: _____ **Phone:** _____

Physician: _____ **Phone:** _____

Medical Conditions, Allergies, and/or Medications: _____

Insurance Company: _____ **Group #:** _____

The person named above has my permission to go on a school sponsored trip to:

on _____ **and participate in all trip activities.**

If a medical emergency arises and I cannot be reached, I give permission for my child to be taken to the nearest available medical facility for treatment and for treatment to be initiated.

Signature: _____ **Date:** _____