

CONGREGATION KNESETH ISRAEL

Field Trip Permission Form

PLEASE PRINT

Name of student _____

Parent/Gardian _____

Best phone to reach you: _____ home or cell

Name of Second emergency contact _____

Best phone to reach them: _____ home or cell

The Director of Education and Rabbi will confirm all details, including the supervisor, date, time, transportation, departure time, and return time of all field trips.

PLEASE FILL OUT ANY OF THE FOLLOWING MEDICAL INFORMAITON
WHICH MAY BE A FACTOR DURING ANY FIELD TRIP

Allergies _____

Asythma _____

Other medical concerns _____

Will student require medications during field trip? _____

Anything we should know? _____

In case of emergency, I give permission for qualified medical treatment to be given to the above-named child. Every effort will be made to contact parent/guardian prior to emergency service.

I hereby give my permission for the above-named student to attend the field trip and acknowledge that all school rules relative to student behavior are in effect throughout the trip. As the parent or legal guardian, I will remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

Parent/Guardian _____ Date _____
(Please sign)