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| Descriptor Term: FIELD TRIPS AND EXCURSIONS: PARENT PERMISSION FORM | Descriptor: IFCB-3 | Issued: |
| | Rescinds: IJOA Form 3.0111 | Issued: 01/18/2011 |

Dear Parents/Guardians,
 You are being asked to complete this TPSD Parent Permission Form as part of the request for a field trip or excursion by one of your child's teachers or extracurricular sponsors. The information requested on the Parent Permission Form is designed to support the safety and security of your child during his/her participation in the field trip/excursion.

If you decide for your child not to participate in the field trip/excursion described in the attached parent letter, an alternate related assignment will be provided. Please indicate your choice by checking and signing in the appropriate space. The Parent Permission Form should be returned to your child's teacher by the date given in the parent information letter.

Name of Student: _____ Name of Teacher: _____

Grade of Student: _____ Name of Parent/Guardian: _____

Home Telephone: _____

Please indicate your choice regarding participation of your child by completing and signing the appropriate space.

_____ I do hereby give permission for _____
 (Child's Name)
 to participate in the field trip described in the attached parent information letter.

Signature of Parent/Guardian _____

Date: _____

_____ I DO NOT give permission for _____
 (Child's Name)
 to participate in the field trip described in the attached parent information letter.

Signature of Parent/Guardian _____

Date: _____

If you granted permission for your child to participate in the field trip or excursion, please provide the following information. You do not need to complete this section if you elected for your child not to participate.

1. Please list the names, addresses and telephone numbers of two people other than yourself who can be contacted in the event of an emergency.

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

2. Please list/describe any current medical conditions and related information.

Medical condition of student that (may) need(s) attention _____

Allergic to any food, insect bites, medications, etc. _____ Yes _____ No

If yes, please describe precautions/actions to be taken: _____

List prescription medications that must be taken: _____

Name of Medical Insurance: _____

Group Number: _____

Date Received by Teacher/Sponsor: _____

Signature of Teacher/Sponsor: _____