

HOOVER CITY SCHOOLS  
FIELD TRIP AND EXCURSION PERMISSION FORM

To: Parent/Legal Guardian

Please carefully read the attached Notice and Release statement as well as the information contained in this Permission Form. If you wish for your son/daughter to participate, this form must be returned to the sponsor prior to the day of the trip. There must be a signed permission form returned to the school before a student is allowed to participate in a field trip or excursion.

School **Spain Park High School** Student's Name \_\_\_\_\_

Grade,Class,Organization: Physical Education Department

Sponsor's Name Paula Dill, Kellye Bowen, Danny Kimble, Eric Gibbons

Date(s) of Activity: September 23-24; October 14-15; November 18-19; January 13-14; February 17-18; March 16-17; April 13-14

Destination of Trip: Brunswick Bowling Ally

Travel Will Be By: School Bus

Student's Cost: \$5.00 Per Trip / \$35.00 Total

Reason for Trip: PE / Life Bowling Unit

Parent/Guardian Approval:

\_\_\_\_\_ has my permission to participate in the above described field trip on the date(s) indicated. I give the teacher/sponsor/administrator in charge of my son/daughter permission to see that he/she gets whatever medical treatment is necessary in the event of an emergency.

Medical Information:

Allergies \_\_\_\_\_ Blood Type \_\_\_\_\_

OtherHealthProblem/Condition \_\_\_\_\_

Medications \_\_\_\_\_

Name of Medication

Doctor's Name

Dosage/Time Taken

OtherInformationNeeded \_\_\_\_\_

**Emergency Phone Numbers:**

Mother (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Father (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Other(Specify) \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature