

Permission Slip/Medical Form

Parents/Guardians,

When Benton County R-IX students are involved in school sponsored trips, we want to be sure that their parents are aware that the student is on a trip. In addition, it is important that the faculty sponsor be able to secure medical treatment for an injured student. This permission slip/medical form was developed to meet both these needs. If you should have any questions, please contact your school.

Sincerely,

Benton County R-IX Administrators

I, _____ of _____
(Parent/Guardian) (Address)

_____ am the _____ of _____
(City) (State) (Zip Code) (Relationship)

(Student's Name)

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while (Student's name) _____ is absent from home on

(Date of Trip) _____

For (Type of trip) _____

Student's 4 digit ID Number _____

Parent/Guardian Phone Number

Work _____ Home _____

(Parent/Guardian Signature) _____

(Date) _____

Any other necessary information:

