

**FLAGSTAFF UNIFIED SCHOOL DISTRICT
ACTIVITY TRIP PERMISSION FORM (PAGE 2)**

My signature below indicates I have read the information contained in this document and any attachments, and that my child:

Child's Name _____

may accompany the _____ on the activity noted.
(Class, Grade or Group)

I understand that the District does not provide student health insurance. I further understand that should my child become ill or injured the District is not responsible for medical bills.

Medical Insurance Information:

Insurance Company Name: _____

Group or Policy Number: _____

Name of Insured: _____

MEDICAL RELEASE

In case of accident or serious illness, I request the school/trip sponsor to seek medical care for my child. I understand that the District will try to reach me if possible, however, their first concern will be the well being of my child. I understand that it may be necessary for medical attention to be administered prior to my notification.

I authorize the school/trip sponsor to contact me as soon as practicable. If I cannot be reached, I authorize the school/trip sponsor to contact the physician indicated and follow his or her instructions. If it is impossible to contact this physician, the school/trip sponsor may make other arrangements.

Dr: _____ Telephone No.: _____
(or hospital emergency department physician)

Parent/Legal Guardian: (please print legibly)

Name: _____ Telephone No.: _____

Home Address: _____

Signature of Parent/Legal Guardian: _____

**FLAGSTAFF UNIFIED SCHOOL DISTRICT
ACTIVITY TRIP PERMISSION FORM (PAGE 1)**

To the Parent or Guardian of students in the _____
(Grade/Class)

at _____ . The school is planning an activity
(School)

trip to: _____
(location or trip sponsor)

on: _____ . The time of departure is _____.
(date)

The date and time of return is: _____.

Purpose of the activity trip: _____

Eating arrangements will be _____ at _____.
(money, sack lunch, etc.) (location)

Transportation will be provided by: _____.

I am aware that the exhibition at the NAU Art Museum may contain nudity.

(print name) (parent signature)

My children will observe museum etiquette as described in the guidelines to teachers.

(print name) (parent signature)

The location of the activity requires that each student be able to accomplish the following physical tasks: _____

Other information: _____
