



# Field Trip Permission Form 2008-09

## Lower School Students

### STUDENT INFORMATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Guardian: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Student lives with (check all that apply):  Father  Mother  Guardian

### EMERGENCY CONTACTS

In the event the parents/guardians cannot be reached, the school will call the people listed below. People listed should be individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; or 3) give advice about caring for your child.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### HEALTH INFORMATION

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication(s) being take by student: \_\_\_\_\_

Physical conditions (allergies, diabetes, etc.): \_\_\_\_\_

Date of last diphtheria/tetanus shot: \_\_\_\_\_

*If I, my child's emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize school employees or legal representatives to obtain emergency medical care for my child while under the school's care including transporting or sending my child to an available hospital or physician.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### FIELD TRIP PERMISSION

*Hawai'i Preparatory Academy is supportive of the educational opportunities that field trips can provide students. The staff carefully observes the curriculum expectations that are set by the school's Board of Governors and chooses field trips that are educational in nature and match the maturity and interest of its students.*

*You, as a parent, will receive communication describing the purpose and logistics of any field trip your child will be attending prior to its occurrence.*

*I give permission for my child, \_\_\_\_\_, to go on any field trips during the current school year.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*Please return this form by June 15, 2008.*