

**Field Trip Permission Slip**

My son/daughter \_\_\_\_\_, has my permission to go with his/her class to \_\_\_\_\_ on \_\_\_\_\_ . The purpose of this trip is an athletic event for Boys Lacrosse (GHS) . On the date of this field trip, I can be reached at home at telephone number \_\_\_\_\_ or at work at telephone number \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_  
Date

**LIMITED POWER OF ATTORNEY**

If a serious emergency arises, it may be necessary for a physician to attend your son/daughter before the staff could get in touch with you or your designated physician. Such care can be provided only if you sign the following AUTHORIZATION FOR MEDICAL TREATMENT.

I give the teacher or administrator in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter, \_\_\_\_\_ gets whatever medical treatment is necessary in case of sickness or accident.

List any medical exemptions (allergies, blood transfusion, etc.) for your child.  
\_\_\_\_\_  
\_\_\_\_\_

List any significant health problems.  
\_\_\_\_\_  
\_\_\_\_\_

My child is presently taking the following medicine prescribed by the doctor:  
Name of Medicine: \_\_\_\_\_  
Amount Taken: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_  
Date

Family Health and Accident Insurance Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_