

**LORDSTOWN LOCAL SCHOOLS  
FIELD TRIP PERMISSION**

\_\_\_\_\_ has my permission to travel VIA school bus or van to  
Name of Student

\_\_\_\_\_ on \_\_\_\_\_  
Name and Address of Field Trip Date

This is a Lordstown School approved field trip under the supervision of \_\_\_\_\_  
Teacher's Name

The approximate time of departure will be: \_\_\_\_\_ AM **PM**

The approximate time of return will be: \_\_\_\_\_ AM **PM**

**Medical Authorization**

**Purpose:** To enable parents or guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority, in the event that parents or guardians cannot be reached.

In the event reasonable attempts to contact me, \_\_\_\_\_, at  
Parent or Guardian's Name

\_\_\_\_\_ or \_\_\_\_\_ at  
Emergency Phone Number Other Parent or Guardian's Name

\_\_\_\_\_ have been unsuccessful, I hereby give my consent for (1) the  
Emergency Phone Number

administration of any treatment deemed necessary by Dr. \_\_\_\_\_  
Preferred Doctor

or Dr. \_\_\_\_\_, or in the event the designated preferred practitioner  
Preferred Dentist

is not available, by another licensed physician or dentist; and (2) the transfer of the child to

\_\_\_\_\_, if reasonably accessible.  
Preferred Hospital

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which the physician or dentist should be alerted to are as follows:

\_\_\_\_\_  
\_\_\_\_\_

**This form must be completely filled in for the student to attend the field trip.**

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

Address \_\_\_\_\_