

**BENNETT COMMUNITY SCHOOL
FIELD TRIP/AUTHORIZATIONS FORM 2019-2020**

My child_____ has permission to go on any field trips or walks with his/her class when they leave the school grounds this school year 2019-2020.

Phone numbers to call in case of emergency:

1. _____ 2. _____

Does your child have any physical limitations? ____ No ____ Yes Describe: _____

Does your child have any allergies:

Describe:

Bee stings ____ No ____ Yes

Poison Ivy ____ No ____ Yes

Other ____ No ____ Yes

Is your child under at doctor's care at this date? ____ No ____ Yes

Family physician _____ Phone # _____

Is your child taking any kind of medication? ____ No ____ Yes

In the event of a medical emergency while I am out of the area or school personnel are unable to reach me, I hereby authorize the school and/or hospital personnel to provide medical care to my child as deemed necessary.

Signature of parent _____ Date _____

I give permission to the school to take videos or photos of my child while on field trips or during the school day. These may be used in the yearbook, school newsletter, local newspapers, brochures or bulletin boards in school.

Signature of parent _____ Date _____

I give permission to the school to use videos or photos of my child on classroom websites, class Dojo, district school website, and social media sites (Ex: District Facebook page).

Signature of parent _____ Date _____