

**ASA MERCER MIDDLE SCHOOL**  
Parent/Guardian Field Trip Authorization Form



**Field Trip Information**

**The Last Day To Turn In A**

**Permission Slip Is:**

*Telephone permission cannot be accepted.*

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

**Parent/Guardian Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Information and purpose for field trip/activity:**

**Destination:**

**Date of field trip/activity:**

**Type of Transportation:**

**Leaves MERCER at:**

**Returns MERCER at:**

**Lunch Plan:**

**Please check the appropriate box:**

- My student will bring her/his own lunch.
- My student will bring cash to purchase her/his own lunch.
- My student would like a school lunch. Pin Number is: \_\_\_\_\_

**Students who do not attend this trip will:**

**Field Trip/Activity Payment Information:**

**The cost of the field trip is :**

**Please check the appropriate box:**

- I am paying the full amount of \_\_\_\_\_ in cash.
- I am paying the full amount of \_\_\_\_\_ in check payment made to: Mercer Middle School. Check # \_\_\_\_\_.
- I am paying a partial payment of \_\_\_\_\_ in cash and request a scholarship to cover the rest.
- I am paying a partial payment of \_\_\_\_\_ in check payment made to: Mercer Middle School. Check # \_\_\_\_\_.

**(OPTIONAL) If you are willing to help scholarship other students' ability to participate please check the appropriate box.**

- I am paying an additional amount of \_\_\_\_\_ in cash to support other students. Total enclosed is \_\_\_\_\_.
- I am paying an additional amount of \_\_\_\_\_ in check payment made to: **Mercer Middle School ASB**.  
Check # \_\_\_\_\_ Total enclosed is \_\_\_\_\_.

I have reviewed all of the above information. I have reviewed the list of expected activities and I am aware of any special dangers and risks inherent in this activity. I hereby give my permission for my daughter/son to participate in this activity. I approve the transportation plan outlined. My signature reflects my knowledge of the details of the trip and its itinerary.

**Parent/Guardian Contact** (someone who CAN BE REACHED by telephone during the hours of the field trip)

(print name) \_\_\_\_\_ (telephone number) \_\_\_\_\_

**Emergency Contact** (someone who CAN BE REACHED by telephone during the hours of the field trip)

(print name) \_\_\_\_\_ (telephone number) \_\_\_\_\_

(relationship) \_\_\_\_\_

**Signature of Parent/Guardian**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Please fill out the following medical release form (below), or student CANNOT go on field trip/activity.**

### Medical Care Release

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ authorize and consent to medical, surgical, hospital care, treatment and procedures to be deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent form to be treated with the same authority as the original.

**Medical condition/allergy:** Please fill out this space to tell us if your student has a medical condition or allergy we should know about. We need know about allergies to medicine, food (peanuts, shellfish, etc), bee stings, etc and/or if your student has seizures, a heart condition, asthma, etc.

None

Has medical condition/allergy:

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/Guardian**

**Date:**

\_\_\_\_\_

\_\_\_\_\_