

**Strom Thurmond High School Band  
Field Trip Permission Slip**

My child, \_\_\_\_\_, has permission to travel with his/her class to \_\_\_\_\_ on \_\_\_\_\_.  
By granting my permission, I acknowledge that my child is properly insured, and I will not hold Strom Thurmond High School or Edgefield County School District liable.

Parent's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Telephone number to call in case of an emergency: \_\_\_\_\_  
2<sup>nd</sup> choice of a number to call: \_\_\_\_\_

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If the parents or authorized people at the above numbers cannot be reached at the time of an emergency, and if immediate observation or treatment is need urgently in the judgment of the school authorities, do you authorize and direct the school authorities to send your child (properly accompanied) to the hospital or doctor most easily accessible?

Yes \_\_\_\_\_ No \_\_\_\_\_

In the event that child needs to be examined and treated at the hospital or doctor's office, do you authorize and direct the hospital or doctor's office to release your child back into the care of the school authorities?

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Regular Family Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Allergic to any drugs?  
\_\_\_\_\_  
\_\_\_\_\_

Chronic medical problems such as convulsions, heart trouble, asthma, etc?  
\_\_\_\_\_  
\_\_\_\_\_

Carsickness? (If so, please send medicine on the day of the trip along with a change of clothing for the child.)  
\_\_\_\_\_  
\_\_\_\_\_