

\* No Coolers, Drinks, Large bags or purses!  
\* Please bring \$ for lunch @ the Zoo.

BADGER HIGH SCHOOL  
FIELD TRIP PERMISSION SLIP

\* Please Return by  
April 6, 2018

\_\_\_\_\_ has my permission to travel on the school bus to  
(Name of Student)  
Cleveland Metro Park/Perkins (Elm Rd) on May 4, 2018  
(Name & Address of Place) (Date)

This is a Badger School approved field trip under the supervision of R. Abramovich  
(Staff Member)  
Approximate time of return 4:00 pm

MEDICAL AUTHORIZATION

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

In the event of reasonable attempts to contact me at \_\_\_\_\_ or \_\_\_\_\_  
(Home Phone) (Cell or Work Phone)

Or other parent/guardian at \_\_\_\_\_ have been unsuccessful, I hereby give my consent for  
(Phone Number)

- (1) The administration of any treatment deemed necessary by Dr. \_\_\_\_\_  
(Preferred Doctor)
- The administration of any treatment deemed necessary by Dr. \_\_\_\_\_  
(Preferred Dentist)

Or in the event the designated preferred doctors are not available, by another licensed physician or dentist; and

- (2) The transfer of the child to \_\_\_\_\_ or any hospital reasonably accessible.  
(Preferred Hospital)

This authorization does not cover major surgery unless the medical opinions of two (2) 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 and medications being taken and any physical impairments to which the physician should be alerted:

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

THIS FORM MUST BE COMPLETELY FILLED IN FOR THE  
STUDENT TO ATTEND THE FIELD TRIP

\_\_\_\_\_  
Signature of Parent or Guardian granting permission for field trip and medical Treatment.

\_\_\_\_\_  
Address and Zip