



# Manzano Day School

## Field Trip Permission Form 2018-2019

(Please Complete Both Sides of Form)

Child's Name

Teacher

Parent's/Guardian's Name

Parent's/Guardian's Name

( )  
Home/Cell Phone

( )  
Work Phone

( )  
Home/Cell Phone

( )  
Work Phone

Address

Address

City, State, Zip

City, State, Zip

### Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

( )  
Home/Cell Phone

( )  
Work Phone

( )  
Home/Cell Phone

( )  
Work Phone

Address

Address

City, State, Zip

City, State, Zip

### Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature

Date



# Manzano Day School

## Field Trip Permission Form Page 2 (Please Complete Both Sides of Form)

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

### PLEASE NOTE: ONE FORM PER CHILD MUST BE COMPLETED

Manzano Day School participates in many school-sponsored programs as well as off campus activities. The purpose of this form is to provide global permission for your child to participate in these programs/activities throughout the year. Information regarding school-sponsored programs and off campus activities will continue to be posted on our website, [www.manzanodayschool.org](http://www.manzanodayschool.org) and on individual teachers' web pages.

### CONSENT TO PARTICIPATE IN SCHOOL-SPONSORED PROGRAMS AND USE FACILITIES

I give permission for my child to participate in all school-sponsored programs and to use all school facilities on Manzano Day School property, including but not limited to, the field and other play spaces, classrooms and the Library/Media Center.

### CONSENT TO PARTICIPATE IN OFF-CAMPUS TRIPS

I give permission for my child to participate in Manzano Day School approved trips off the Manzano Day School property. Such off campus sites may include, but are not limited to, field trips, museum visits, library visits and other similar activities.

Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Parent: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form with your other Back-to-School documents.**