

Parent Authorization and Release Form

Student Name: _____ Student Name: _____

Student Name: _____ Student Name: _____

Parent Information

Father/Guardian employment: _____

Work phone number: _____ Ext: _____

Mother/Guardian employment: _____

Work phone number: _____ Ext: _____

Field Trips: We, the undersigned parents/guardians, do hereby authorize my/our child to participate in school sponsored field trips, including transportation to or from an event authorized in connection with Fairview Elementary. Information regarding each individual field trip will be provided to parents/guardians prior to the event. Parents/guardians may choose NOT to have their child participate by notifying the school.

Signature of Parent/Guardian:

_____ **Date:** _____

List special concerns here: (i.e. Medical, Custody):

In case of serious injury to your child/children and you cannot be located, indicate doctors for emergency treatment.

1st choice: _____

2nd choice: _____

Preferred Hospital: _____

Dismissal Instructions

___ **Bus #** _____

___ **Adventure Club**

___ **Day Care:** list name, address and phone number of person

In Case of Unexpected Early Release due to emergencies (weather/situational), I want my child to:

Emergency Contacts/Pickups

I give my permission for any adult listed below to pick up my child from school in case of an emergency.

Name: _____ Phone Number: _____

Signature of Parent/Guardian:

Date _____