

**LAKE ZURICH COMMUNITY UNIT DISTRICT 95  
FIELD TRIP RELEASE FORM**

**SPENCER LOOMIS ELEMENTARY SCHOOL**

<b>Fieldtrip Destination:</b> _____
<b>Date:</b> _____ <b>Departure Time:</b> _____ <b>Return</b>
<b>Time:</b> _____
<b>Teacher/Sponsor:</b> _____
<b>Fee:</b> _____
<b>Make Checks Payable To:</b> _____
<b>Special instructions for field trip (bag lunch, special clothing, etc):</b> _____
_____

**Student Name:** \_\_\_\_\_ **Sex:** M F **Grade:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Pager:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Pager:** \_\_\_\_\_

**Person to contact if parents are unavailable:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

My son/daughter has my permission to participate in this field trip to: \_\_\_\_\_.

I understand that all rules and regulations governing student conduct remain in effect while my child is on the field trip and that my child must be dressed properly and protected appropriately for the environmental conditions. In case of accident or incident requiring medical attention, if a parent/guardian or any of the people listed above cannot be reached, I authorize the school to take emergency actions deemed necessary, including the transportation of the student to a hospital, medical center or physician for treatment.

Any medical, physical or dietary restrictions we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**