



500 Grandview Avenue
Bellevue, KY 41073

We often like to take the children for walks around the neighborhood. These walks could be to observe nature, take a trip to the park, go on a sign walk, or to the local fire department or post office.

Please return this permission slip to allow your child to participate.

09.36 AP.211

SCHOOL-RELATED STUDENT TRIP PERMISSION SLIP AND MEDICAL RELEASE FORM

Student's Name _____			
Last Name	First Name	Middle Initial	
School <u>Grandview ELEMENTARY</u> Grade _____ Homeroom/Classroom _____			
<input type="checkbox"/> All school-related trips for the <u>20-21</u> school year			
<input type="checkbox"/> Field Trip Date(s) <u>TBA</u> Destination <u>Within 1.5 miles of school</u>			
Mode of Transportation <u>Walking</u>		Cost to Student, if applicable \$ 0	

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/Guardian's Signature

Date