

**FOND DU LAC SCHOOL DISTRICT
STEM Academy
WALKING FIELD TRIP PARENT PERMISSION**

Student Name: _____

Mentor Teacher: _____

The purpose of this form is to provide STEM students with an opportunity to add variety to their learning by incorporating field experiences into regular academic days. Students will have a chance to experience various real-world situations that will enrich their STEM experiences. The mission of the Fond du Lac STEM Academy is to provide students with experiences that encourage ingenuity and creativity using real world hands on life experiences.

This form gives my child permission to participate in offsite walking field trips during the 2022-23 school year.

PARENT INFORMATION: (in case we have an emergency during the trip)

In order to assure that we have the most current information on your child, please complete the following:

Parent/Guardian: _____ (W)Phone: _____ (C)Phone: _____

Emergency Contact: _____ (W)Phone: _____ (C)Phone: _____

HEALTH INFORMATION:

ALLERGIES

Does your child have any allergies?

_____ **Yes** _____ **No**

If **yes**, list & answer next 3 questions: _____

Please explain symptoms/treatment needed: _____

Does your child require an Epi-pen? _____ Yes _____ No

Is the required District form complete and on file at school? _____ Yes _____ No

ASTHMA

Does your child ever experience symptoms of asthma?

_____ **Yes** _____ **No**

If **yes**, explain usual symptoms and any treatment needed: _____

Does your child require use of an inhaler? _____ Yes _____ No

Is the required District form complete and on file at school? _____ Yes _____ No

MEDICATION

Does your child require prescribed medication

_____ **Yes** _____ **No**

If **yes**, is the required District form complete and on file at school? _____ Yes _____ No

HEALTH CONCERNS/PHYSICAL IMPAIRMENTS

Please note any physical impairments, health concerns, special accommodations, etc., needed for your child **on this trip**.

Is there an emergency or health care plan arranged for your child at school? * _____ **Yes** _____ **No**

If **yes**, is the required District form complete and on file at school? * _____ **Yes** _____ **No**

*NOT the yellow emergency card, but rather a form for specific health concerns filled out by a parent and a school nurse and kept on file in our school office.

I give permission for my child to attend this field trip. I give school personnel permission to provide first aid and/or carry out any of the above procedures needed during field trip hours. In the event of serious illness or injury on the trip, I also authorize personnel to transport my child to the nearest medical facility for treatment, or call the ambulance if it is deemed necessary. I understand that any financial responsibility for emergency treatment/transportation is the responsibility of the parent/guardian.

X _____
Parent/Guardian Signature

Date