Field Trip Permission and Medical Information Form

My child, _____, may attend the field trip to Don Edwards San Francisco Bay National Wildlife Refuge on _____.

_____ _____
Parent / Guardian Signature Date

Medical Information

*(**Educator:** If this information is on file, you may bring emergency cards from the office)*

Medications this child is currently taking: _____

_____

Medical conditions (such as epilepsy, asthma, allergies, etc.): _____

_____

Responsible adult who can be reached on the day of the field trip

_____ _____
Name Phone Number

Doctor and/or Medical Provider: _____

_____
Phone Number

Photo Release

I hereby assign all rights to the videotape, sound recordings, and photographs made of my child by the U.S. Fish and Wildlife Service, San Francisco Bay National Wildlife Refuge Complex and hereby authorize the reproduction, copyright, exhibition, sale, broadcast and/or distribution of said video tape or photographs without limitation for the purpose of educational program sponsored in whole or part by the U.S. Fish and Wildlife Service, San Francisco Bay National Wildlife Refuge Complex.

_____ _____
Parent / Guardian Signature Date