

# 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

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

*(Educator: If this information is on file, you may bring emergency cards from the office. It is the policy of the Don Edwards San Francisco Bay National Wildlife Refuge that you bring all students medical information and permission slips on the day of your field trip.)*

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

\_\_\_\_\_  
Date