

**Glade Creek School**  
32 Glade Creek School Road  
Ennice, NC 28623  
Tel. (336) 657-3388 Fax (336) 657-3435

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Gerald Miller, Ed. D., Principal

**PARENTAL FIELD TRIP CONSENT FORM**

**Destination:**

**Teacher(s):**

**Date:**

Parent/Guardian  
Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date of Student's Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**If parent cannot be located in the event of an emergency, contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

I hereby certify that (student's name) \_\_\_\_\_ has permission to participate in the field trip according to the policies and provisions as stated above. In the event of an accident or medical emergency, I authorize the supervising teachers to seek medical assistance, and I will assume responsibility for all expenses.

I authorize the following regarding medications. Initial those applicable:

\_\_\_\_\_ None to be taken.

\_\_\_\_\_ authorized per existing "Authorization of Medication for a Student at School" form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_