

# RUTLAND AREA CHRISTIAN SCHOOL

112 Lincoln Avenue

Rutland, Vermont 05701

TEL: (802) 775-0709 FAX: (802) 786-0111

E-MAIL: OFFICE@RACSONLINE.ORG

## Overnight Field Trip Permission Slip

### To Whom It May Concern:

I give temporary, custodial responsibility of my son/daughter, \_\_\_\_\_  
Name of student  
(birth date: \_\_\_\_\_) to \_\_\_\_\_, for the period, \_\_\_\_\_ while they  
Teacher/Chaperone Dates of School trip  
are on a class trip to \_\_\_\_\_. They have my permission to participate in activities that  
Location of trip  
might otherwise require parental permission with him/her while he/she is in their care.

The above, also includes my consent for any and all medical treatment required in the event of an emergency.

I can generally be reached at the following telephone numbers:

\_\_\_\_\_.

The inability to reach me by phone however does not in any way mean that medical care is to be withheld; until such time that I may be reached. \_\_\_\_\_ has full discretion to  
Teacher/Chaperone  
make any and all medical decisions if I cannot be reached within a reasonably safe time.

Medical Information: (Conditions, Medications) \_\_\_\_\_

\_\_\_\_\_

**Student Blood type (if known):**

**Allergic to:**

### Immunizations:

Any medical expenses, shall be the full responsibility of myself, and shall be billed accordingly to the above address, or to insurance carrier below. I do not in any way hold either \_\_\_\_\_

or the Rutland Area Christian School responsible for any injury or accident, which may occur while  
Teacher/Chaperone  
\_\_\_\_\_ is in their care, or for any decision made in regards to his/her care resulting in  
Name of Student  
complications, during the above dates.

\_\_\_\_\_

\_\_\_\_\_

Print full name of parent or parents

Signature of parent or parents

**Date:** \_\_\_\_\_

### Insurance Info:

Policy #

Name:

Address:

Phone #:

### Primary care physician:

Name:

Address:

Phone #: