



## Oakwood Adventist Academy

7000 Adventist Blvd., Huntsville, AL 35896 • (256) 726-7010 • Fax (256)726-7016

### Field Trip Permission Slip

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Departure \_\_\_\_\_ Time of Departure \_\_\_\_\_

Date of Return \_\_\_\_\_ Time of Return \_\_\_\_\_

My child, \_\_\_\_\_ has permission to participate in the field trip to \_\_\_\_\_

The sponsors for the field trip are \_\_\_\_\_

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### MEDICAL INFORMATION

In case of emergency: Contact Person: \_\_\_\_\_

Phone Number/s \_\_\_\_\_

Special Instructions \_\_\_\_\_

Does the student have any known allergies? Yes \_\_\_ No \_\_\_ If yes, what are they? \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

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### TO BE COMPLETED BY PARENT OR GUARDIAN

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Phone: (ce) \_\_\_\_\_ (hm) \_\_\_\_\_

(wk) \_\_\_\_\_