

Home Room Teacher: _____

Room Number: _____

**Summit Parkway Middle School
200 Summit Parkway
Columbia, SC 29229**

FIELD TRIP PERMISSION FORM

_____ has my permission to participate in Summit Parkway Middle
Student's name

School field trips with appointed SPMS staff. I, _____, hereby
Parent/Guardian's name

grant to the SPMS staff the right to act in my behalf in case of emergency to take any
necessary action to secure the safety and well-being of my child.

Date

Parent/Guardian's Signature

STATE OF SOUTH CAROLINA, COUNTY OF _____

I, being duly sworn, do depose and affirm that I am the parent/legal guardian of the
named above student, and therefore, have the right to delegate the aforementioned
rights to the SPMS staff for the period beginning this day and ending with the school
year 2010.

Parent/Guardian's Signature

Subscribed and sworn to before me on the _____ day of _____, 200____.

(Notary Seal)

Notary Public of South Carolina
My Commission expires _____

All school fees must be paid prior to participating in field studies.
Summit Parkway Middle School

Emergency Information Form

Student's Name _____ **SS#** _____ **DOB** _____

Full Address _____

Mother's Name (or Guardian) _____ **Home Phone** _____

Father's Name _____ **Home Phone** _____

Mother's Place of Employment _____ **Work Phone** _____

Cell phone, beeper, etc. _____

Father's Place of Employment _____ **Work Phone** _____

Cell phone, beeper, etc. _____

E-mail address _____

In case of emergency, please provide the name of the insurance company which covers the above student for medical services. Also, please provide any identification or serial number necessary and the name of the person who holds the policy if it is a group/family policy.

Name of Insurance Company _____ **Policy Number** _____

Policy Holder _____ **SS#** _____

Doctor's Name (family physician) _____ **Phone #** _____

The above student has the following allergies and/or medical condition for which he/she is taking medication - please state condition and medication: _____

The above student is allergic to the following drugs/medications: _____

Unless precluded by any information provided above, SPMS staff and/or chaperones will dispense simple medications such as Tylenol, cough medicine, etc. for simple headaches, minor cold symptoms, and other minor aches, pains, and discomforts. Basic first aid medication will also be available. Please indicate any unusual circumstances or information that the staff or chaperones should be aware of:

1. Date of LAST tetanus shot: _____

2. In case of emergency, if unable to notify the parent, please notify (neighbor, relative, etc.):

Name _____ **Relationship**

Telephone, including area code _____

The above information is accurate for the best of my knowledge.

Parent's Signature **Date**