GREENWOOD 52 SCHOOL DISTRICT
STUDENT TRAVEL FORM SCHOOL-SPONSORED FIELD TRIPS

My son/daughter, _____ has permission to go with his/her class to **Local football games/band contests and surrounding areas** from **July 2026 through December 2026**. Football games occur on **Fridays** and end on **Fridays**, and band contests occur on **Saturdays** and end on **Saturdays.** The purpose of these trips is **to support our football team, represent our community and compete at local high school and SCBDA marching contests**.

The cost of these trips is **covered by student fees.**

I will not hold any teacher or chaperone responsible in case of an accident.

_____ _____

Signature of Parent/Legal Guardian **Date**

.**AUTHORIZATION FOR MEDICAL TREATMENT / LIMITED POWER OF ATTORNEY**

If a serious emergency arises, it might be necessary for a physician to attend to your son/daughter before the staff can get in touch with you or your designated physician. Such care can be provided only if you sign the following statement:

I give the teacher or administrator in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter, _____ gets whatever medical treatment is necessary in case of sickness or accident.

List any medical exemptions (allergies, blood transfusion, etc.) for your child:

_____

_____

My child is presently taking medication prescribed by a doctor:

Name of medicine: _____ Amount taken: _____

Name of medicine: _____ Amount taken: _____

_____ _____

Signature of Parent/Legal Guardian Date

_____ _____

Home Telephone Number Work Telephone Number