

## Irving School Field Trip Permission and Emergency Card

This signed card will allow your child to participate in all field trips for the school year. The information you provide will allow us to reach you should it be necessary. You will continue to be notified of all bus trips.

\_\_\_\_\_ **Yes, my child may go on Irving School field trips.**

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent Signature

Date Signed: \_\_\_\_\_

Student Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Phone #1: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Hospital Choice: \_\_\_\_\_

**List Health Issues:**