

DALLAS CITY ELEMENTARY 2026-2027

FIELD TRIP PERMISSION AND MEDICAL RELEASE

I give permission for my child, _____, to go on school field trips.

In case of a medical emergency, I give Dallas Elementary School District #327, and its employees, authorization to seek medical services if my child needs medical attention.

Current medications being taken, allergies, and past medical history.

Parent Daytime Phone Number

Parent Evening Phone Number

In case of emergency, please contact:

Name & Relationship to Student

Emergency Contact Phone Number

Parent Signature - Date