

DALLAS CITY ELEMENTARY

2024-2025

**FIELD TRIP PERMISSON
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 Contact Number Daytime: _____

Parent Contact Number Evening: _____

Emergency Number if
Parents cannot be contacted: _____

Name: _____

Parent Signature - Date

