## CARSON CITY SCHOOL DISTRICT

Emergency Information Form and Parental Permission for Field Trips and Other Activities (This form must be filled out completely for each student.)

Student		Birthdate	Grade
Address		City	ZIP
Home Phone		Teacher (K-5)	
Mother/Guardian's Name		Work Phone	Cell
Father/Guardian's Name		Work Phone	Cell
Last School Attended		City/State	Zip
Has this student previou	sly attended Carson City S	Schools? Yes N	No
	ain pertinent medical info	no may be contacted if the pare rmation and pick up the studer	ent/guardian is unavailable and nt as needed due to illness,
Name	Home Phone	Work Phone	Cell
Name	Home Phone	Work Phone	Cell
Family physician:Phone			
		s, <b>medical limitations relati</b> r	
If child is on any medica	tion(s), specify name of m	edication, directions, and physical	sician:
immediately; however, there administration, need you	e are times when parents cann		mpt to notify the parent sion arise, we, the school and in the best interest of your child
Permission Granted:Pa	rent/Guardian Signature	 Date	
The School District req	quires your consent for your constitution of a	our child to attend various fie	eld trips or activities during the ed for your child's class. Please
/ hereby give my consercurrent school year.	nt for	to attend all fiel	d trips or activities during the
Parent/Guardian Signatu	re	Date	Revised 3/2010