

**Greenwood School District 50
FIELD STUDY PERMISSION FORM**

My son/daughter, _____, has my permission to go
with his/her class to Winthrop University

on March 3-5, 2022 . The purpose of this trip is
Attend SC All State Chorus Weekend.

On the date of this field study, I can be reached at this telephone number
_____ or at work at this telephone number _____ .

_____ * Signature of Parent/Legal Guardian _____ Date

LIMITED POWER OF ATTORNEY	
<p>If a serious emergency arises, it may be necessary for a physician to attend your son/daughter before the staff could get in touch with you or your designated physician. Such care can be provided only if you sign the following AUTHORIZATION FOR MEDICAL TREATMENT.</p> <p>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.</p> <p>*List any medical exemptions (allergies, blood transfusion, etc.) for your child: _____ _____</p> <p>List any significant health problems: _____ _____</p> <p>Pertinent physical or medical concerns that the staff should be aware of: (severe allergies, asthma, diabetes, etc) _____ _____ _____</p> <p>—</p> <p>*Note: No medication will be given during off-campus Field Trips without prior arrangements being made, including medications that are currently being given at school. Only medications that are absolutely necessary should be sent on Field Trips as medical personnel may not be available to administer them. If your child needs to take medication on this trip please contact the school nurse immediately.</p>	
<p>_____ *Signature of Parent/Legal Guardian _____ Date</p>	
<p>Family Health and Accident Insurance Carrier: _____</p>	
<p>Policy Number: _____</p>	<p>group# _____</p>

*These items must be completed fully or student cannot go on field trip.
Attachment G