

**FIELD TRIP PERMISSION  
AND MEDICAL INFORMATION FORM**

My child, \_\_\_\_\_, may attend the field trip to the West Eugene Wetlands on \_\_\_\_\_.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**Medical Information**

(Educator: If this information is on file, you may bring emergency cards from the office.)

Medications this child is currently taking: \_\_\_\_\_  
\_\_\_\_\_

Medical conditions (such as epilepsy, asthma, allergies, etc.): \_\_\_\_\_  
\_\_\_\_\_

Responsible adult who can be reached on the day of the field trip:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

Doctor and/or Medical Provider: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Phone Number

**PHOTO RELEASE**

I hereby assign all rights to the videotape, sound recordings, and photographs made of my child by the West Eugene Wetlands staff for the purpose of the wetland education program.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date