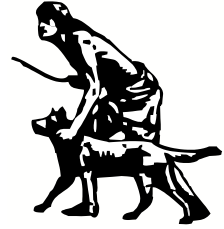


Cooperstown Elementary School Field Trip Permission Slip



For activities dating from _____ to _____

Student's Name _____

Address _____

City _____ State _____ Zip _____

Health/Accident Insurance Co. _____ Policy Number _____

Have or subject to (check if yes):

____ Asthma ____ Fainting Spells ____ Convulsions ____ Allergy to any medication, food

____ Any condition that may require special care, medication

____ Diabetes ____ Heart Trouble ____ Bleeding Disorders ____ plant, ____ animal, or ____ insect toxin

____ Date of most recent Tetanus Shot ____ Other medical issues or concerns

Explain any conditions checked "Yes":

*** Notify district of any changes in health conditions. ***

Any condition now requiring regular medication? _____ Name of Medication _____

Any restriction of activity for medical reasons?

Explain _____

CONTINUED ON REVERSE SIDE

