

Sheldon R-VIII School District



100 East Gene Lathrop Drive

Sheldon, Missouri 64784

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www.sheldon.k12.mo.us

Kevin Post, Superintendent

Tiffany McGuirk, Principal

Synthia Young, Assistant Principal

Extra-Curricular Activity/Field Trip Form

Activity/Trip Information:

Activity/Trip: _____

Sponsor: _____

Date of Activity: _____

Activity Location: _____

Place of Departure: _____

Money Needed: _____

Time of Departure: _____

Approx. Time of

Return: _____

Principal's Authorization: _____

Physician—Parent—Student

Section 1: Student Application and Personal Information

Name: _____ M: _____ F: _____ Age: _____ DOB: _____

Address: _____

Emergency Phone: _____ Emergency Phone: _____

This application to represent my school is entirely voluntary on my part. I understand that if I do not meet the citizenship standards set by the school it could result in my not being allowed to participate in further extra-curricular activities or field trips.

Student Signature: _____ Date: _____

Section 2: Parent Permission and Authorization for Treatment

I hereby give my consent for the above student to participate in his/her school activities and field trips. I also give my consent for him/her to travel with the group on trips and will not hold the school responsible in case of accident or injury whether it been route to or from the destination. If I cannot be reached and in the event of an emergency, I give consent for the school to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she becomes ill or is injured during the trip or activity.

Parent/Guardian Signature: _____ Date: _____