

NUR ISLAMIC SCHOOL OF LOUISVILLE  
**PARENT PERMISSION FORM FOR FIELD TRIPS AND TRANSPORTATION**

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I/We, the parents/guardians of the student named below, understand the nature of the trip being planned to:  
**Squire Boone Caverns on Tuesday, April 22, 2014.**

Time:                      Leave: **8:00AM**    Return: **2:00PM**

Transportation will be by: **School Bus** at a cost of \$ **15.00** per student.

*We are in accord with the purposes of and procedures governing the trip. We grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless Nur Islamic School of Louisville, employees, and volunteers, from any and all liability.*

*In the event of an injury requiring medical attention, I grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given.*

*In the event that a student must return to Nur Islamic School of Louisville independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.*

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Student: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please check below IF your child has sensitivity to:

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bee Sting | <input type="checkbox"/> Latex       |
| <input type="checkbox"/> Nuts      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dairy     | _____                                |

Please check below IF your child has:

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Heart Condition               |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Other Medical Condition _____ |
| <input type="checkbox"/> Kidney Injuries  | _____  |
| <input type="checkbox"/> Seizure Disorder |  |

Required medications:

\_\_\_\_\_

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\*\*If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form is on record in the Office.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM BY Tuesday, April 22, 2014.**  
**STUDENTS WHO DO NOT HAVE A SIGNED PERMISSION SLIP WILL NOT BE ALLOWED TO ATTEND THE FIELD TRIP.**