



KEYS Event & Field Trip Form

Class/Group name _____

Student(s) Name(s) _____

Event _____ Location _____

Emergency Contact _____ Phone _____

Alternate Contact _____ Alternate Phone _____

Please check the appropriate box.

- I will see that my child arrives prepared in the time specified by the coordinator for this event and will be responsible for his/her transportation to and from this event.
- I give my permission to KEYS leaders or private contractors to transport my child to and/or from this event.
- I give my permission to a KEYS parent to transport my child to and/or from this event.

Please check appropriate box.

- I will remain at the event.
- In my absence, I give permission for my child to be treated medically should the need arise.

Insurance Provider _____ Policy number _____

Special Medicine or Needs of child _____

Parent Signature _____

Date _____