

# Sheldon R-VIII School District



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[www.sheldon.k12.mo.us](http://www.sheldon.k12.mo.us)

Jason Irwin, Superintendent  
Kevin Post, 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: \_\_\_\_\_