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Field Trip Permission Form

2019-2020

[Pupil's Legal Name]: _____ has my permission to attend school functions and trips off campus as sponsored by his/her teacher during the school year.

Parent/Guardian Signature: _____

Date: _____

EMERGENCY CONSENT

My signature below certifies that the staff of Eddlemon Adventist School is authorized to seek medical care for _____ in the event of a medical emergency.
Pupil's Legal Name

Parent/Guardian Signature: _____

Date: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____