

FIELD TRIP PERMISSION FORM (revised 2-14-07)

I agree to permit my son/daughter _____ to attend a school sponsored and supervised field trip to _____ (Place) on _____ (Date).

We will leave at _____ and return at _____.

The cost of this trip will be \$ _____ per student.

Method of transportation:

Please bring:

- Walk _____
- Car _____
- Bus _____
- Other _____

- A lunch _____
- Special Clothing _____
- Other _____

Please note at the bottom of this form* any concerns or limitations about your child that pertain to leaving schools grounds (i.e., physical, environmental, food).

Does your child have allergies and/or a medical condition we should be aware of?

Will your child need to take medication on this trip? _____

MEDICAL RELEASE IN CASE OF EMERGENCY:

In the event of illness or accident in the course of the above activity, I request that measures be instituted without delay as judgement of medical personnel dictates. I will, furthermore, as parent or guardian be contacted.

Name _____ Home Ph: _____ Work: _____ Cell: _____

A second person to be contacted if I cannot be reached:

Name: _____ Home Ph: _____ Work: _____ Cell: _____

Signature of Parent/Guardian

Date

*Concerns: _____
