

FIELD TRIP PERMISSION FORM

My son/daughter _____
(Student(s) full name)

has permission to participate in a field trip to:

(Place and location)

on _____ between the hours of _____ and _____.
(Date)

I understand that my child will be transported by:

_____ that will depart from and return to
(Bus - private car)

_____.
(School)

In the event of an emergency and I cannot be reached by phone I hereby authorize transport and treatment by qualified medical personnel.

Parent Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

Emergency Phone: _____

Student Date of Birth: _____

Date of last tetanus shot: _____

Existing medical condition(s). (Include allergies and medications):

