

FIELD TRIP PERMISSION FORM

Destination/Purpose of Trip: _____

Date of Trip: _____ Approximate Mileage of Trip: _____

Departure Time: ____:____ am/pm Return Time: ____:____ am/pm Mode of Transportation: _____

Transportation Cost to Student: \$ _____ Admission Cost to Student: \$ _____

Other Costs (Itemized): \$ _____ Total Cost to Student: \$ _____

Additional Notes: _____

Please return to _____ by _____

This field trip is (circle one): Refundable Non-Refundable

**Note: Make checks payable to your child's school. Returned/NSF checks are collected electronically along with the state-allowed fee (currently \$25.00).*

✂ ***** ✂

Please detach and keep top portion for your records - return bottom portion to the school.

Destination: _____

Date of Trip: _____ Teacher Name: _____ Grade _____

To parent/guardian: This permission slip must be filled out completely including signature and telephone numbers. Please print in ink.

Student Name: _____ Parent/Guardian: _____

Home Phone: _____ Parent/Guardian Cell #(s): _____

Home Address: _____

Place of Employment: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Student Insurance Purchased (Optional): Yes No

Please provide any pertinent information regarding any chronic medical conditions or allergies as well as any medication (prescription or otherwise) student is currently taking that must be administered during the course of this trip.

I hereby **give permission** for my child, _____, to accompany your group on the field trip described above. I also authorize the calling in of a doctor and/or the providing of other necessary medical services at my expense should an emergency arise. I certify that my child is in good health and can participate in all the normal activities of the group.

I **do not** wish my child, _____, to accompany your group on the field trip described above.

Signature of Parent/Guardian

Date