

Field Trip Permission Form

To The Student:

Your signature below indicates you understand that all rules and regulations apply while you are on the field trip.

I, _____ agree to conduct myself in accordance with all school rules.

DESTINATION _____

DATE OF TRIP _____

TIME OF DEPARTURE _____ TIME OF RETURN _____

COST TO STUDENT _____

PURPOSE OF THE TRIP _____

TYPE OF TRANSPORTATION USED _____

ADDITIONAL INFORMATION:

To The Parent/Guardian:

I, _____, give my permission for my student, _____, to be part of this field trip opportunity. In case of emergency during the field trip, please contact

_____, at _____
Phone Number

Health concerns:

If emergency treatment is required and the parent cannot be reached immediately, may the school authorities use their own judgment in calling the doctor indicated or, if not available, an alternate doctor? Yes____ No____

Doctor to be notified: _____ Phone No. _____