



Field Trip Permission Slip

Please return this form by

Location of Field Trip/Outing:

Date of Event: Departure Time: Return Time:

Purpose:

What to bring/wear:

Closed toe sneakers must be worn and a water bottle must be provided for any student traveling off campus; students without sneakers or a water bottle will be asked to remain on campus.

Method of Transportation:

(Child's Name) _____ has my permission to participate in the field trip listed above.

If chaperones are needed, a copy of the driver's current insurance and driver's license will be required prior to approval.

Yes, I can drive. I have _____ seats in my car. _____ No, I cannot drive.
(Students will be assigned to a car by the teacher prior to the trip.)

Also, I further agree to and understand not to hold the school or the school's representatives responsible for any injury occurring to the above named student in the proper course of such activities and travel associated with said field trip.

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to make whatever arrangements necessary to secure emergency medical care that may become reasonably necessary in the course of the field trip.

Name of Parent/Guardian _____

Co-Parent: _____

Phone# _____ Alt. Phone# _____

Emergency contact: _____ Phone# _____

List health problems that may affect your child during this field trip:

List any known allergies including food, environment, and medications:

List any medications needed during this field trip:

By signing below, I acknowledge and understand that any prescription medications and over the counter medications must be delivered in the original container with written permission from the prescribing physician and the parent. There will be a designated adult on the field trip to carry and dispense medication.

Parent/Guardian Signature _____ Date _____