

FIELD TRIP PERMISSION SLIP

FIELD TRIP INFORMATION

Destination:

Date:

Departure Time:

Return Time:

Transportation:

Cost:

Trip Purpose:

Lunch: ☐ Provided by school ☐ Bring from home ☐ Purchase at venue
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STUDENT INFORMATION

Student Name: _____ Grade: _____

Teacher: _____ Date of Birth: _____

PARENT/GUARDIAN PERMISSION

I hereby grant permission for my child to participate in the field trip described above. I understand that my child will be under the supervision of school personnel and designated chaperones during this trip. I acknowledge that all school rules and policies remain in effect during this field trip.

- ☐ **YES**, my child has permission to attend this field trip
- ☐ **NO**, my child does not have permission to attend this field trip

In the event of an emergency, I give permission for my child to receive emergency medical treatment as deemed necessary by medical personnel.

MEDICAL INFORMATION

- ☐ My child has NO medical conditions, allergies, or special needs
- ☐ My child has the following medical conditions/allergies/special needs:

Health Insurance Provider: _____

Policy Number: _____

EMERGENCY CONTACT INFORMATION

Please provide contact information for the day of the field trip:

Parent/Guardian Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Alternative Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Alt. Phone: _____

IMPORTANT: This permission slip must be returned by _____

Late submissions may result in your child being unable to participate in the field trip.

AUTHORIZATION SIGNATURE

By signing below, I acknowledge that I have read and understood all information regarding this field trip.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____ **Phone (Day of Trip):** _____



OFFICE USE ONLY

Date Received: _____ **Payment Received:** _____

Approved By: _____ **Notes:** _____