

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** _____

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):** _____

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OFFICE USE ONLY

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

Approved By: _____ **Notes:** _____