

Field Trip Information & Parent Permission Slip

Trip Destination:

Date of Trip:

Time Leaving School:

Time Returning to School:

Students need to bring:

Students should not bring:

Additional information:

-----**Must Be Completed For Participation**-----

Trip Destination:

_____ I grant permission for my child(ren) to participate in the above field trip.

_____ I do not grant permission for my child(ren) to participate in the above field trip.

Student(s) Name: _____

Parent/Guardian Signature: _____ Date: _____

Your phone number during field trip hours: _____

Please list an alternative responsible adult who has permission to care for this student in the event that the parent/guardian cannot be reached:

Name: _____ Phone number during field trip hours: _____

If an emergency situation would develop, I understand that the teacher/advisor will attempt to contact the parent/guardian or alternative for directives. If contact cannot be made, I grant the teacher/advisor permission to provide for necessary emergency care (transportation, emergency room, etc.) and grant permission for emergency medical services to be performed. I understand that I am responsible for cost of services rendered.

Please list health concerns (condition, allergies) that the trip teacher/advisor should be alert for:

List any medications that will need to be administered during this trip:

Medication: _____ Dosage: _____ Time: _____

Medication: _____ Dosage: _____ Time: _____