



# FIELD TRIP

## PARENT PERMISSION/CONSENT FORM

A field trip has been planned that will serve as an enrichment experience for those students participating. This field trip is being taken under the supervision of the teacher. Please sign and return this form to school so that we may know you are aware of your student's participation in this activity away from school.

Return the form to the teacher no later than: \_\_\_\_\_

The following details are provided for your information:

Destination: \_\_\_\_\_

Supervising Teacher (s): \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_ Monies needed: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Return to school time: \_\_\_\_\_

Arrangement for Meals: \_\_\_\_\_

- Keep this half of page for your information
- **Please note there are no refunds for field trips missed due to absences**

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### PARENTAL CONSENT & MEDICAL AUTHORIZATION

Destination: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_

I hereby certify that (student's name) \_\_\_\_\_ has permission to participate in the field trip as stated above. In the event of an accident or medical emergency, I authorize the supervising teacher to seek medical assistance and I will assume responsibility for all expenses.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Emergency Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

If parent cannot be located in the event of an emergency, contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

- Return this half of page to the classroom teacher