



## Field Trip Permission Form

School \_\_\_\_\_ Date \_\_\_\_\_ Destination \_\_\_\_\_

Address \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Briefly describe event/activities \_\_\_\_\_

### Arrangements for transportation:

Time and place of departure \_\_\_\_\_

Time and place of return \_\_\_\_\_

Type of transportation \_\_\_\_\_

### Teacher accompanying the students:

Name(s) \_\_\_\_\_

### In case of an emergency

Teacher will notify School's emergency contact person who will attempt to notify the parent/guardian.

School's emergency contact person \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Return signed copy to teacher by (date) \_\_\_\_\_

My child \_\_\_\_\_ has permission to attend the school field trip  
and to participate in the above activities.

During the event, I may be reached at (phone) ( \_\_\_\_ ) \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Relation to child \_\_\_\_\_

Please note if your child has any restrictions, limitations, medical conditions, allergies, injuries,  
sickness, illness, and/or special needs, including medications that may need the teacher's attention: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_