



# Field Trip Permission Form

Sponsoring Teacher: \_\_\_\_\_

The _____ class is going to:	
Destination _____	<i>(see below for any additional info***)</i>
Address _____	
Telephone _____	
on _____ (day) _____ (date).	Cost: \$ _____
Depart Time _____	from location _____
Return Time _____	to location _____
Food or Snacks _____	
Student transportation will be provided by:	
_____ Bus	
_____ Parent Vehicles	Please circle YES or NO if you would like to drive on this field trip. I can drive _____ additional students (besides my own) with seatbelts.

I hereby give my permission for \_\_\_\_\_ to be transported to and from this trip. I will not hold the school or any driving parent responsible for any accident, injuries, or mishaps including death. I further understand that field trips are considered class sessions; if I do not wish my child to attend, I will send my child to school for regular classes.

I hereby give permission for \_\_\_\_\_ to have emergency medical treatment at any clinic, doctor's office or hospital which is deemed advisable by medical consultants in the event we are unable to contact either parent or guardian at the following phone numbers:

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian: Printed Name

\_\_\_\_\_  
Parent or Guardian: Signature

\_\_\_\_\_  
Date

\*\*\* Additional Field Trip Details:

_____
_____
_____
_____
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