



PARENT PERMISSION FORM -- FIELD TRIP

Field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as community service projects.

SECTION I. IDENTIFYING INFORMATION

SCHOOL _____ DATE _____

STUDENT'S NAME _____ I.D. NO. _____ GRADE/HR _____

SECTION II. NOTIFICATION TO PARENT

_____ is planning a field trip for _____ to _____
Teacher/Sponsor Name Group/Subject

The purpose of the trip is _____

TRANSPORTATION: Private Vehicle _____ Bus _____ Airline _____ Other _____
Name of Carrier Please Specify

This trip will be chaperoned by _____ Cost to each student \$ _____
(Teacher/Parent/Both-indicate how many)

I understand that if I am unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given an opportunity to raise funds through authorized fund-raising activities, or be given assistance in identifying other fund source. (This provision does not apply to activities not directly related to classroom instruction, e.g., grad nite, football games, banquets.)

DEPARTURE: Date _____ Approximate Time _____ RETURN: Date _____ Approximate Time _____
--The above time schedule and/or personnel may be changed due to unforeseen circumstances.--

PLEASE KEEP THE TOP PORTION FOR YOUR INFORMATION.

RETURN THE BOTTOM PORTION TO THE TEACHER.

SECTION III. PARENT/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY

I hereby give permission for my child _____ to participate in the field trip to _____
(Child's Name)

DEPARTURE: Date _____ Approximate Time _____ RETURN: Date _____ Approximate Time _____

I have completed the EMERGENCY CONTACT INFORMATION in Section IV (see below).

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SECTION IV. EMERGENCY CONTACT INFORMATION

- | | |
|---|---|
| 1. Name of parent/guardian _____ | 2. Parent/Guardian Phone No(s). _____ |
| 3. In case parent/guardian cannot be reached, please contact _____
Relationship _____ Telephone No. _____ Name _____ | Residence: _____
Business: _____ |
| 4. Physician's Name _____ Telephone No. _____ | Beeper: _____ |
| 5. Only if applicable, complete the following: | Please list any insurance policy covering your child: _____ |
| a. My child has the following medical problem: _____ | Policy No. _____ |
| b. My child takes the following medications regularly: _____
(Proper Medical form #2702E is on file at the school) | |
| c. My child has the following allergies: _____ | |

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ON THE TRIP.

PARENT/GUARDIAN SIGNATURE _____ Date: _____