

**FIELD TRIP PERMISSION FORM**

**NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **ROOM** \_\_\_\_\_

Our class is planning a field trip to \_\_\_\_\_ at \_\_\_\_\_  
(place & location)

on \_\_\_\_\_ as part of our \_\_\_\_\_  
(date) (reason for trip)

The children will be supervised by their classroom teacher with additional assistance from \_\_\_\_\_.

The transportation will be by bus, leaving school at \_\_\_\_\_ and returning by \_\_\_\_\_.  
(time) (time)

The expenses which each student must pay are as follows:

Bus	_____
Admission	_____
Lunch	_____
<b>TOTAL</b>	_____

If you wish your child to participate in this activity, please complete the permission slip below and return it, with the money, to school by \_\_\_\_\_.  
(date)

\_\_\_\_\_  
Teacher's Signature

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**DETACH AND RETURN**

I give permission for my son/daughter to participate in the field trip to \_\_\_\_\_ on \_\_\_\_\_.

In case of an emergency, I may be reached at \_\_\_\_\_.  
(phone)#

However, if I cannot be contacted at this number, I give permission for my child \_\_\_\_\_ to be treated

by a physician and/or a hospital. My child (has/does not have) a medical condition

which the chaperone should be aware of: \_\_\_\_\_.  
(condition)

The school district is not responsible for damage or loss of personally owned student property.

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Date

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Parent's Signature

1<sup>st</sup> Reading September 24, 2002

2<sup>nd</sup> Reading & Adoption October 22, 2002