



Field Trip Permission Form

Our class has planned a field trip as an extension of classroom learning. A brief description of the activity is listed below:

Destination: _____

Supervisor: _____

Date of Departure: _____

Time of Departure: _____

Time of Return: _____

Transportation: _____

Learning Goal: _____

Cost: _____

To make it possible for your child to participate in this event, please complete this form which is a statement of consent and release of liability. This statement is mandated by our insurance carrier. You are also reminded that you remain fully responsible for any legal responsibilities which may result from personal actions taken by your child.

_____Yes _____No: My child has a health concern for which an Emergency Action Plan and medication is on file in the school office. It is essential that my child's medication and Emergency Action Plan accompany my child on this field trip, and I authorize the designated school representative to dispense the necessary medication as needed.

My child, _____, has my permission to participate in the event described above. I understand this event will take place away from school grounds and that my child will be under the supervision of the designated school representative. I further consent to the method of transportation described above.

Parent Signature

Date

Emergency Phone Number

Please return this form by: