

## Field Trip Permission Form

1. I \_\_\_\_\_ hereby give \_\_\_\_\_  
**(Parent/Guardian Name)** **(Student Name)**

permission to go on the field trip to \_\_\_\_\_

**(Location of trip)**

on \_\_\_\_\_ during the hours of \_\_\_\_\_

**(Date of trip)**

**(Time of trip)**

2. Please list a local emergency contact where someone may be reached during the field trip in the event of an emergency.

**Name** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Alternate contact:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

3. In case of an emergency, when neither parent(s) nor emergency contact can be reached, I give the school authorities permission to call a physician or take whatever action is deemed necessary, including transporting my child to a local hospital at my expense.

4. Please list below any **medical concerns** and/or **medication** that need to be administered during the field trip. Any medication to be administered during the field trip requires a physician instruction, written parent permission and the medication in its original container.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_