

FIELD TRIP PERMISSION

Description of Field Trip

Destination: _____

Method of Transportation: _____

Supervision: _____ Ratio of adults to children: _____

Date: _____ Departure time: _____ Return: _____

Objectives of Field Trip: _____

Specific Materials to be Brought: _____

Instructions to Students

1. Do exactly what the Teacher requires.
2. Stay with the group
3. _____

Permission

By signing this form, I/we _____ certify that I/we
(Parent or Guardian)
request and give permission for _____ to go on this
(Child's Name)
Field Trip. I/we have given the instructions required above, and I/we release and save
harmless the school and any and all of its employs from any and all liability for any and all
harm arising to my/our son/daughter as a result of this trip, and waive any claims against
them.

(Signature of Parent or Guardian)

Emergency Information

_____ Parent/Guardian Name	_____ Phone	_____ Medical Ins. Carrier
_____ Doctor's Name	_____ Phone	_____ Policy #
_____ Preferred Hospital	_____ Phone	_____ Social Security #

I/we give permission for _____ to be transported by ambulance
and/or to be treated in the event of a medical emergency.

(Signature of Parent or Guardian)