



Consent and Release for Field Trips 2018-2019

I hereby authorize my son / daughter, _____,
to participate in educational field trips which involve excursions or travel from the
school premises for the 2018-2019 school year. These school related field trips
often require bus transportation and a notice describing each field trip will be
distributed prior to each excursion.

I grant permission for the adult group leader in charge to obtain medical care
from a licensed physician, hospital or medical clinic for my son/daughter in the
event that I cannot be reached.

** Please Print Legibly.*

Student's Name: _____

Student's Grade: _____

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____

Date: _____

*Please note that students are accountable for the assignments, tests, and material covered in the
classes missed for this activity. Students must meet all the criteria including dress set by
moderators or permission to participate will be denied.*