

INDEPENDENT SCHOOL DISTRICT 196
ROSEMOUNT, MINNESOTA 55068

FIELD TRIP
STUDENT INFORMATION AND PERMISSION

Student _____

Grade _____

I give permission for my child to participate in a field trip to

_____ as a part of the _____ class.

Special Instructions/Information For This Trip (to be filled out by instructor)

Additional Information/Permission Required From Parent: (to be filled out by instructor)

Instructor

Student's Name _____

Grade _____

Emergency Information

Person to be called in case of an emergency _____

Telephone Number _____

List any medical or physical factors that should be known about this child:

In case of minor illness or injury, I give my permission for the supervisor of my child to administer necessary treatment and/or first aid.

Signature of Parent or Guardian _____

Date _____

forms/fieldtriprequest