

**UNIFIED SCHOOL DISTRICT OF DE PERE
SUPERVISED FIELD TRIP PERMISSION FORM**

I hereby give permission for my son/daughter, _____ to go
on a field trip to _____ on _____.

Time leaving school:

Time of return:

Means of transportation:

Cost per student:

I understand that the field trip will be under the supervision of a teacher.

Student needs to bring a bag lunch.

Student does not need to bring a bag lunch.

It is my child's responsibility to request assignments and/or to make up any class work missed during this trip. Due dates for missed work will be available from the teachers involved. This applies to high school & middle school students only.

Phone number where you can be reached during the field trip: _____

If you cannot be reached please give name and phone number of another person(s) to contact:

Does the student have any medical/health concerns of which school personnel should be aware?

Please specify:

In the event of sudden illness or injury, appropriate medical care will be obtained.

Doctor to be Notified: _____ Phone # _____

Dentist to be Notified: _____ Phone # _____

If emergency treatment is required, school authorities will use sound judgment handling the situation.

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____