

# FIELD TRIP CONSENT

Dear Parent/Guardian:

-----Cut or tear and return the bottom portion to your child's teacher.-----

YES, I GIVE CONSENT FOR MY CHILD TO ATTEND THE \_\_\_\_\_ FIELD TRIP. I ALSO GIVE CONSENT FOR THE SCHOOL HEALTH UNIT TO DELEGATE MY CHILD'S NEEDED MEDICATION\* (IF APPLICABLE) TO A TRAINED SCHOOL STAFF MEMBER FOR THE TRIP.

**\*I UNDERSTAND THAT I (THE PARENT/GUARDIAN) MUST PROVIDE THE MEDICATION MY CHILD NEEDS FOR THIS TRIP**

ANY **CHANGES** IN HEALTH STATUS OR MEDICATION: \_\_\_\_\_

NO, I DO NOT WANT MY CHILD TO ATTEND THE \_\_\_\_\_ FIELD TRIP.

**STUDENT NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE:**

\_\_\_\_\_  
**DATE**