



**SAYVILLE PUBLIC SCHOOLS
FIELD TRIP INFORMATION FORM**

Field Trip Destination: _____ Date of Trip: _____

Time of Departure: _____ Place of Departure: _____

Time of Return: _____ Place of Return: _____

Should parent/guardian pick up student? ☐ Yes ☐ No Where: _____

Mode of Transportation: Bus _____ Train _____ Other _____

Cost of Trip \$ _____

The student will need to bring: ☐ Bag lunch (no carbonated beverage)
☐ Lunch money Suggested amount: \$ _____

Trip Itinerary: _____

Other pertinent information: _____

Staff member in charge of trip: _____

ATTENTION: STUDENTS USING MEDICATION IN SCHOOL

PLEASE BE AWARE THAT MEDICATION WILL NO LONGER BE RELEASED THROUGH THE NURSE'S OFFICE FOR FIELD TRIPS. IF YOUR CHILD RECEIVES MEDICATION IN SCHOOL, IT IS IMPERATIVE THAT THIS BE DISCUSSED WITH YOUR CHILD'S TEACHER.

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PARENTAL PERMISSION NOTE

I, (Parent/Guardian name) _____ understand the arrangements for the trip
to (destination) _____ on (date) _____ and (give) (do not
give) permission for my son/daughter _____ to participate.

Will child require any special care during this trip? ☐ Yes ☐ No

If yes, please explain: _____

I wish to act as chaperone: ☐ Yes ☐ No _____

Signature of Parent/Guardian

PLEASE RETURN TO TEACHER BY _____