

**Loganville Middle School FFA  
Student Activities  
Field Trip Permission Form**

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Date: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Type of Trip: In School \_\_\_\_\_ Out of School \_\_\_\_\_ Periods Missed: \_\_\_\_\_

Field Trip Coordinator: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Nature of Field Trip (please describe) \_\_\_\_\_

**Parents:** Your son/daughter will be participating in a field trip to: (city) \_\_\_\_\_ (State) \_\_\_\_\_

Place to be visited: \_\_\_\_\_

**and will be traveling by:**

\_\_\_ School mini bus \_\_\_ School Bus \_\_\_ Charter Bus \_\_\_ Airplane \_\_\_ Car driven by adult \_\_\_ Train

**I give permission for my son/daughter to participate in this field trip.**

**Parent/Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents – Please fill out this section – Important**

**Medical Permission for Treatment: (Does not apply to In-School field trips)**

Whenever injury or emergency illness occurs to the student listed below while the student is under the supervision of Loganville Middle School personnel, every attempt will be made to notify the parent/guardian immediately. However, if the parent/ guardian is not available and it is felt that emergency treatment is indicated, the signature below by the parent/guardian will allow the student to be transferred and treated in a timely fashion. The intention of this form is to grant authority to administer emergency treatment of any and all medical conditions.

Student's Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

**Please Supply the following information, if applicable:**

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_