

PARENTAL PERMISSION FOR FIELD TRIP

_____ has my permission to make an off-campus field trip with
Name of Student

_____ to _____

_____ *Destination*

I understand that the purpose of the trip is _____

_____ ;

that the students will depart _____ at

_____ *Name of School, etc.*

_____ on _____ and will return at _____

_____ *Time* _____ *Date* _____ *Time*

on _____ ; that they will travel by _____

_____ *Date* _____ *Vehicle*

accompanied by _____ chaperones; and that the personal expense of each student is

_____ *Number*

_____ *Amount*

In case of accident, injury, or illness, I hereby authorize the student's teacher to take the above named student to a physician or the emergency room of a hospital.

Rules of conduct for the trip are attached.

Signature of Parent

Date

Emergency Telephone Number

To be completed by the school prior to the signature of parent