



Parent Notification of Field Trip

(Use for Day Field Trips Only – Not to be used for Overnight or Out of State Trips)

Field Trip Information:

Where: _____

When: _____ Hours: _____

Purpose: _____

School/Teacher(s) in charge: _____

Transportation for this activity will be provided by: ☐ District Bus/Vehicle ☐ Other: _____

Lunch will be either (please **check mark** the one your child will be doing):

☐ Bag Lunch from home **or** ☐ School Lunch (**which will need to be purchased in advance**)

Student Information:

Name: _____ DOB: _____

Address: _____

Parent/Guardian Emergency Phone (**where parents/guardians can be reached on day of trip**): _____

In the event of an emergency, the following person can be notified in case the parent/guardian cannot be contacted:

Name: _____ Phone: _____

Medical Information:

Does your child currently have medications at school which need to accompany him/her on a field trip or have any other medical conditions which will require attention during the trip?

☐ NO ☐ YES

☐ The school office has medication information on file.

If YES, please explain:

☐ I will provide the medication and provide a completed Authorization Form for Other Medication.

In the event of an accident or illness, I understand that every reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the School District to secure emergency medical care as needed.

Parental Acknowledgment:

Parent Name: _____ Parent Signature: _____

Complete this section ONLY if you DO NOT give consent

Parents, this section should only be completed if you **DO NOT** give permission for your child to go on the described field trip.

We, the undersigned **DO NOT** give consent for our child to take part in the field trip described above.

Parent's Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO SCHOOL