Greenwood Lake Union Free School District
P.O. Box 8 • Greenwood Lake, NY 10925

FIELD TRIP PERMISSION SLIP

(return entire sheet back to school)

DATE OF TRIP: _____

SCHOOL/GRADE/CLASS: _____

PLEASE NOTE THE FOLLOWING REGARDING THIS FIELD TRIP:

Where: _____

Activity: _____

Purpose: _____

Departure from School (Time): _____ Return to School (Time): _____

Type of Transportation: _____

Cost: _____ (check payable to GWLUFSD)

Person(s) in Charge: _____

Lunch (choose one): Lunch from Home ☐ School Lunch (circle choice) ☐ _____

Special Instructions: _____

1. I have been informed of the details of this educational field experience.
2. My child has my permission to participate in this supervised field experience.
3. I agree to instruct my child to obey the rules, regulations and instructions given by teachers and/or authorized school personnel.
4. I further agree that no teacher or authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations or instructions.
5. I further hereby authorize a representative of the Greenwood Lake UFSD to consent to medical treatment of my child in the event of any emergency on the trip.
6. This field experience is considered as school work and will be conducted as a regular class.

Student Name: _____ HR Teacher: _____

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND AGREED TO THE ABOVE.

Parent or Guardian Signature: _____

Daytime Phone: _____

***PERMISSION SLIP AND MONEY** (if applicable) **ARE DUE NO LATER THAN**: _____