



FIELD TRIP PARENT CONSENT FORM

Name of student going on field trip:

Students will:

Date of trip: ____ / ____ / ____ **Time of trip:** _____ **Cost of trip:** _____

By granting this permission, I accept full responsibility for any damage or injury to a person or property caused by my child or ward. I also waive any claims for liability against the Board of Education and/or Plain Local Schools, including its employees and representatives, and release them from any responsibility related to this trip. I understand and agree that, if disciplinary action or health concerns require it, my child or ward may be sent home at my expense. I consent to and accept responsibility for any medical or dental treatment that may be deemed necessary by a physician or dentist during the trip. Additionally, if only one parent or guardian signs this Parent Consent Form, it is with the authority of the other parent or guardian.



PARENT CONSENT FOR FIELD TRIP FORM



Return the portion and any fees required to your teacher by: _____

I give permission for the following individual to go on field trip: (student name)

Field trip destination: _____ Date of trip: ____ / ____ / ____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____