

**FIELD/ACTIVITY TRIP/PARENT  
GUARDIAN PERMISSION FORM**

**Dear Parent/Guardian:**

**Your son/daughter is invited to participate in the following field/activity trip:**

Student's First and Last Name \_\_\_\_\_

Activity \_\_\_\_\_ Date \_\_\_\_\_

Destination \_\_\_\_\_ Purpose of Trip \_\_\_\_\_

Time involved \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Type of Transportation: \_\_\_\_\_ This will be a parent-supervised field trip.  
No teacher will be in attendance

- \_\_\_\_\_ District Vehicle                      \_\_\_\_\_ Commercial Transportation
- \_\_\_\_\_ Parent/Private Vehicle\*            \_\_\_\_\_ Teacher/Private Vehicle\*

\*I am aware that \_\_\_\_\_ whose telephone number is ( ) \_\_\_\_\_  
(Name of Driver)

Will be driving, since private transportation will be used, the school district's vehicle liability insurance policy will not be in effect, and the individual driver is responsibility for the insurance coverage which may only be \$100,000/\$300,000 liability coverage.

**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 the emergency medical care as needed.**

**Although I understand that the school district will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, which may include physical injury or other consequences arising or resulting from the activity.**

**Being fully informed as to these risks, I hereby consent to my student participating in the field/activity trip mentioned above.**

Parent/Guardian Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

The following regular/emergency medication \_\_\_\_\_ for the above named student needs to be taken at \_\_\_\_\_ (time).

- ( ) The school office has it on file.
- ( ) I will provide it along with the required Physician/Dental Request for Administration of Medication form.