

Annual Parent Authorization & Release Form for Field Trips



This field trip consent form gives your child's school and its staff permission to take the below named student off campus for school-approved field trips for the **2026-27** school year. The permission applies to all field trips occurring within the school year including travel by bus or car or walking trips. This permission is valid for one school year.

Parents will be notified at least 48 hours in advance of field trips. At that time, parents will have the option to withdraw permission for any individual field trip by submitting written opt-out instructions to the classroom teacher. If a parent or guardian signs and returns opt-out instructions for a specific field trip, the annual field trip consent remains valid for all other field trips.

If you choose not to sign this annual permission form, you will be asked to give permission for your child to participate in each field trip throughout the school year.

Student Information

School: _____ Grade: _____ Teacher: _____

Student Name: _____

Address: _____ City: _____ Zip Code: _____

Parent or Guardian Name: _____

Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (not living with student): _____ Phone: _____

Allergies (list specific allergies, i.e., peanuts, etc.): _____

Describe allergy symptoms and treatment (i.e., EpiPen, etc.): _____

Medications student needs to have available on field trip (i.e., Inhaler, etc.): _____

Medical conditions (i.e., Asthma, etc.) _____

Consent and Liability Waiver

I hereby give permission for my student to participate in their school's field trips during the **2026-27** school year. I understand field trips may require transportation to a location away from the school campus, and travel may be by bus, car, or walking. As a parent or guardian, I understand that the school and staff will try to prevent accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the school.

In the event it becomes necessary for school staff in charge to obtain emergency care for my child, neither school staff nor the school assumes financial liability for expenses incurred because of an accident, injury and or unforeseen circumstances. I authorize school employees or volunteers in charge of the students to obtain all necessary emergency medical care and authorize any licensed physician and or medical personnel to render necessary emergency treatment for my child.

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____ Date: _____