



Cache County School District Field Trip Permission Form

Policy 3500. F6

Student Name: _____ Grade: _____

Teacher: _____

Trip Name/Destination: _____

Date(s) of Trip: _____

Departure Time: _____ Departure Location: _____

Return Time: _____ Return Location: _____

Cost of Trip (if any): \$ _____

Parent/Guardian Contact Information

- Parent/Guardian Full Name: _____
- Relationship to Student: _____
- Primary Phone: _____
- Secondary Phone: _____
- Email: _____
- Emergency Contact Name (other than parent/guardian):

- Emergency Contact Phone: _____

Medical Information & Release

- 1) This activity is approved and sponsored by _____ School and will be supervised by its staff. I, as the student's legal representative, give my full permission for my student to engage in this activity. I understand that travel and participation in this activity involve certain risks and dangers. Notwithstanding the risks and dangers, I authorize my student to participate in this activity.

- 2) In the event of an emergency or illness, and if I or the other listed emergency contact cannot be reached, I hereby authorize the designated supervising adult(s) on the trip to:
 - a) Seek and consent to any necessary medical treatment for my child from a licensed physician or hospital.
 - b) Transfer my child to a hospital reasonably accessible from the trip location.
- 3) I understand that the school will contact me as soon as possible in the event of an emergency.

Consent & Agreement

- 1) I give my permission for my child to participate in the above-described field trip and to receive emergency medical treatment if necessary.
- 2) I agree to ensure my child behaves in a respectful and appropriate manner, and to obey requests from supervising adults regarding safety and group needs.

Signatures:

Parent/Guardian Signature: _____ Date: _____

Updated: October 19, 2026