



Curriculum Division
Parental Field Trip Permission
Overnight Trip with Accommodations

School: _____ Teacher: _____ Grade: _____ Date: _____

Permission is requested for your son/daughter to go on a field trip to:

(location) _____ (a type of facility) _____

on (date) _____ 20 _____

We will leave the school at _____ [] a.m. [] p.m.

We will return to school on _____, 20 _____ at _____ [] a.m. [] p.m.

Emergency Phone: Daytime: _____

Evening: _____

Other: _____

Method of Travel: [] School Bus [] City Bus [] Walking

Private Vehicle/Name of Driver: _____

Other/Specify _____

The purpose of this trip is: _____

Supervision: During this trip your student will be supervised by (check all that apply):

[] ACPS Staff [] Approved Chaperones [] Other: _____

We anticipate approximately one chaperone for every _____ students.

Room Assignments: My student may share a room with others who are not of the same biological sex at birth.

If your son/daughter has permission to go on this trip, please sign below.

Please accept this form as a consent signature for a physician or hospital staff to give emergency treatment of an injury or illness to my son or daughter if medical attention is needed.

Student Name: (Please Print) _____

Signature of Parent or Guardian: _____ Date: _____

* Emergency phone number(s) must be listed for students to attend the trip. *

This form has been updated to comply with Rule 6A-10.085 F.A.C.