



Curriculum Division
Parental Field Trip Permission

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

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

(location) _____

(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: _____

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: _____

*** Your student cannot go on the trip unless emergency phone number(s) are listed. ***