



Curriculum Division
Parental Field Trip Permission
Overnight Trip

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: Students will be assigned rooms with peers who share their same biological sex at birth. If other accommodations are requested and assigned sex at birth varies among roommates, all parents of students in the shared room will be notified and complete an additional form.

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.