

PERMISSION SLIP: FIELD TRIP

School: _____ Teacher: _____ Date: _____
Student's name: _____ Subject: _____

A field trip has been scheduled for the class, which includes the student named above, on (date) _____. Transportation is by _____, which will leave the school at _____ (a.m./p.m.) and return at approximately _____ (a.m./p.m.). The field activities will take place at (location) _____.

The purposes of the trip:

Each student will be expected to:

Dress requirements/options are as follows:

Possible hazards and necessary precautions are as follows:

List below any special allergies or sensitivities (e.g., to plants, animals, pollen, foods, chemicals, bee stings) or other concerns you may have that might affect the student's safety on the field trip:

Parent's or Guardian's Statement

I have read the description of the proposed field activity noted above and give my consent for this student to engage in the field trip. I pledge my cooperation in making her/him aware of the precautions, as necessary, and in urging that she/he observe the precautions and any other instructions during the trip.

Signature: _____ Date: _____

Emergency Contact Information:

Parent or Guardian Contact:

Name: _____

Work:

Cell:

Home:

Other Emergency Contact

Name: _____ Relation to Student: _____

Work:

Cell:

Home:

Return the completed and signed form to

_____ by _____.