

## Field Trip Permission Form

To The Student:

Your signature below indicates you understand that all rules and regulations apply while you are on the field trip.

I, \_\_\_\_\_ agree to conduct myself in accordance with all school rules.

DESTINATION:

DATE OF TRIP:

TIME OF DEPARTURE:

TIME OF RETURN:

COST TO STUDENT:

PURPOSE OF THE TRIP:

TYPE OF TRANSPORTATION USED:

ADDITIONAL INFORMATION: Please sign in to your Skyward Family Access account to pay the field trip fee. If you do not have computer access, please attach payment when returning this form.

To The Parent/Guardian:

I give my permission for my student, \_\_\_\_\_, to be part of this field trip opportunity. In case of emergency during the field trip, please contact \_\_\_\_\_, at \_\_\_\_\_ (phone number)

Parent/Guardian Signature: \_\_\_\_\_

Health concerns: If emergency treatment is required and the parent cannot be reached immediately, may the school authorities use their own judgment in calling the doctor indicated or, if not available, an alternate doctor? Yes\_\_\_ No\_\_\_

Doctor: \_\_\_\_\_

Phone No.: \_\_\_\_\_