



Field Trip Permission Form

My child, _____, has my permission to participate in the field trip to _____ with _____'s class on _____. Departure Time _____ Return Time _____
Dress Code _____
Cost _____ **Permission form due** _____
Lunch / Snack _____

Medication to be taken while on field trip. Exact dosage, clearly marked, must be given to your child's teacher

Name _____
Dosage _____ Time _____

Contacts	Home No.	Work No.	Cell No.	Other No.
Mother	_____	_____	_____	_____
Father	_____	_____	_____	_____
Other	_____	_____	_____	_____

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at the numbers listed above?

Name _____ Relationship _____ Phone _____

Parent/Guardian Signature _____ Date _____

Yes, I can drive. Driver's Name (Please Print) _____

License Plate Number _____

Car Make/Model/Year _____

Cell Phone Number _____

Number of passenger seats **for proper CRDs, without airbags** _____

No, I cannot drive this time.

PLEASE COMPLETE AND DETACH THE FORM BELOW FOR YOUR RECORDS

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Field trip to _____ Date _____

Departure time _____ Return Time _____

Dress code _____

Cost _____ Due on _____

Lunch / Snack _____