



## Field Trip Permission Form

My child, \_\_\_\_\_, has my permission to participate in the field trip to \_\_\_\_\_ with \_\_\_\_\_ class on \_\_\_\_\_  
 Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_ Cost: \_\_\_\_\_

*Instructional Objectives / Biblical Integration:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Lunch/Snack \_\_\_\_\_

**Permission Form Due:** \_\_\_\_\_ Dress Code \_\_\_\_\_

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

<b>Contacts</b>	Cell Number	Other Number	<i>In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you? Name: _____ Relationship: _____ Phone: _____</i>
Mother	_____	_____	
Father	_____	_____	
Other	_____	_____	

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

\_\_\_\_\_ GRACE Buses will be provided  
 \_\_\_\_\_ Yes, I can chaperone and I WILL or WILL NOT ride on the bus (circle one)  
 Chaperone Name: \_\_\_\_\_

**OR**

\_\_\_\_\_ Yes, I can drive. Driver Name: \_\_\_\_\_  
 Licence 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 \_\_\_\_\_ Cost \_\_\_\_\_  
 Dress code \_\_\_\_\_  
 Due on \_\_\_\_\_ Lunch/Snack \_\_\_\_\_