



PERMISSION FOR FIELD TRIP

Purpose of this field trip: _____

Place(s) to be visited: _____

Departure date and time: _____

Return date and time: _____

Type of Transportation: _____

Your child will be under the supervision of: _____

I give permission for my child, _____, to participate in the field trip described above, and if required, for emergency medical procedures or treatment to be administered to my child at my expense. I understand that in connection with the field trip, the media may identify my child, interview my child, and/or record my child's picture for use in a media presentation.

Parent/Guardian Signature

Date

Address

Phone Number in Case of Emergency

Additional Emergency Contact Name and Phone Number