

# Field Trip Permission Form



**Destination:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Departure:** \_\_\_\_\_ **Return:** \_\_\_\_\_

**Mode of Transportation:** \_\_\_\_\_

**What to Bring/Wear:** \_\_\_\_\_

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I give permission for my child, \_\_\_\_\_ to attend the field trip to \_\_\_\_\_.

**Mother's Information**

**Father's Information**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In the event of an accident or medical emergency, I authorize the supervising teachers/staff to seek medical assistance, and I will assume responsibility for all expenses.

Does the child have any existing medical conditions: Y/N

Explanation: \_\_\_\_\_

Does the child have any allergies: Y/N

Explanation: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Evening #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_