

# FIELD TRIP PERMISSION SLIP

SCHOOL \_\_\_\_\_ CLASS \_\_\_\_\_ ADULT IN CHARGE \_\_\_\_\_

\_\_\_\_\_ has my permission to visit  
(Student's first and last name)

\_\_\_\_\_ on \_\_\_\_\_  
(Description/Name of Event) (Date)

From \_\_\_\_\_ to \_\_\_\_\_  
(Estimated Departure Time) (Estimated Return Time)

**As parents, we fully understand the added responsibility of this field trip or activity and will not hold the district responsible for added liability.**

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## EMERGENCY TREATMENT AUTHORIZATION

I realize my son/daughter may be injured during participation in activities, including playing, travel, etc., and may require medical treatment for injury or sickness. I accept full responsibility for the cost of such treatment, including costs not covered by insurance.

Should efforts by the adults in charge to contact me/us at \_\_\_\_\_  
**(contact phone numbers)**, I/We give my/our permission for the adults in charge to act in my/our behalf to obtain medical treatment deemed necessary by a qualified licensed medical practitioner for my son/daughter.

## **ALLERGIES, CURRENT MEDICATION AND OTHER IMPORTANT MEDICAL INFORMATION:**

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**Please Note:** IF this form is being filled out on the website please print, sign and have your student turn into the teacher involved with this field trip.

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
City, State, ZIP

| <b>DATE</b>                        | <b>TIME</b> | <b>DETAILED TRIP ITINERARY</b> |
|------------------------------------|-------------|--------------------------------|
|                                    |             |                                |
|                                    |             |                                |
|                                    |             |                                |
|                                    |             |                                |
|                                    |             |                                |
| <b>OTHER PERTINENT INFORMATION</b> |             |                                |
|                                    |             |                                |
|                                    |             |                                |
|                                    |             |                                |
|                                    |             |                                |
|                                    |             |                                |

\_\_\_\_\_  
Staff Member Responsible (Print)

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date