

Day Field Trip Permission Form

Please complete and return this form by _____ in order to participate in the field trip described below.

Field Trip Information	
Teacher	
Date/Time	
Destination/ Transportation	
Participation Costs/Fees	
Important Notes/Supplies	

Student Information	
Full Name	
Emergency Contact 1 Name/Phone	
Emergency Contact 2 Name/Phone	
Medical Considerations	

Parent/Guardian Signature	
Full Name	
Signature	
Date	

Participation Permissions	Initials
<p>I give permission for my student to participate in this field trip.</p> <p><i>As such, I acknowledge I am aware of:</i></p> <ul style="list-style-type: none"> ✓ Risks including but not limited to slips, falls, pinches, scrapes, twists, jolts, scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe injuries. ✓ Potential hazards associated with travel to and from the field trip site. ✓ Possible contact with plants, animals, or insects that could result in stings, allergic reactions, and associated diseases. <p><i>Further, I confirm I have provided:</i></p> <ul style="list-style-type: none"> ✓ Appropriate and available emergency contact information for the duration of all field trip and travel hours. ✓ All necessary medical information, including a list of allergies, instructions, and medications to the appropriate school staff to ensure adequate care is available while my student is under their supervision. 	
<p>I do not give permission for my student to participate in this field trip.</p>	