

TOWNSHIP HIGH SCHOOL DISTRICT 214
Field Trip Parent Permission Form

Course/Program: _____ Sponsor: _____

Date: _____ Time: _____

Student Name: _____ Student ID#: _____

I give my permission to my student to participate in the above listed field trip _____
signature/date

Please note below any special medical concerns that the sponsor needs to be aware of.

In case of an emergency, I can be reached on the field trip day at the following number: _____

Additional emergency contact names and phone numbers:

 Name/Phone #

 Name/Phone #

TEACHER NOTIFICATION

The student is responsible for meeting with each of his/her teachers to discuss the material being covered on the day of the field trip. The teacher's initials indicate that this discussion has taken place. If the teacher believes the student should not attend the field trip, please state the reason in the "Teacher Comments" section or contact the trip sponsor with further concerns. (Note: Comments may not necessarily prohibit a student from participating.)

PERIOD	CLASS	TEACHER'S INITIALS	GRADE	# ABSENCES	TEACHER COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					