

Field Trip Parent Permission Form

**Course /Program:**

**Sponsor:**

I give \_\_\_\_\_  
 (FIRST NAME) (LAST NAME) STUDENT ID

Permission to participate in a school sponsored field trip to \_\_\_\_\_  
 Place/Location

On \_\_\_\_\_ with his / her class and teacher(s) during class  
 Date Time

periods\_\_\_\_\_. Arrangements will be made by the sponsoring teacher.

Approximate cost per student is\_\$\_\_\_\_\_.

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

If your child has any special medical needs, please inform the sponsor prior to the date of the fieldtrip. In case of emergency, I can be reached on the fieldtrip day at the following number:\_\_\_\_\_.

Additional emergency contact names and phone numbers: \_\_\_\_\_

Student	Cell No.
Name	Phone #
Name	Phone #

I approve my child using alternative transportation to participate in this fieldtrip (Initial in box if you approve)

**INITIALS**

\_\_\_\_\_  
 Signature of Parent/Guardian Date

**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 fieldtrip. The teacher’s initials indicate that this discussion has taken place. If the teacher believes the student should not attend the fieldtrip, 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 participation.)

PERIOD	CLASS	TEACHER'S INITIALS	Grade	# of Absences	TEACHER'S COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					

**PLEASE RETURN THE COMPLETED FORM TO THE SPONSORING TEACHER BY \_\_\_\_\_**