

Field Trip Permission Form



Dear Parents,

Date: _____

Place: _____

Purpose: _____

Route: _____

Leave school: _____ **Arrive back at school:** _____

Please provide: _____

Save this part of the form for future reference.

_____ has permission to attend this field trip to
_____ on _____ from _____ to _____.

I give my permission for _____ to receive emergency
medical treatment. In an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____