

**FIELD TRIP PERMISSION FORM**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

FIELD TRIP TO: \_\_\_\_\_

FEE \_\_\_\_\_ PARENT ATTENDING YES or NO (please circle)

EDUCATIONAL OBJECTIVES OF FIELD TRIP: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

DATE: \_\_\_\_\_

MEANS OF TRANSPORTATION: \_\_\_\_\_

If transportation is by car, I request that my son/daughter ride with: \_\_\_\_\_

I request that my son/daughter be permitted to participate in the above field trip. As a condition of being allowed to do so, I hereby, release and discharge the school from any and all claims for personal injuries or property damage that my son/daughter may suffer as a result of participation in the field trip described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the school or its employees.

Should it be necessary for my son/daughter to have medical treatment while participating in this trip, I hereby give the school personnel permission to use their judgment in obtaining medical service and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adjunct from any liability in connection with this request.

I understand that my insurance benefits that are effective have limited application.

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

\_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Cell Phone Pager