

FIELD TRIP/ACTIVITIES PERMISSION FORM

School _____

I (We) hereby grant permission for _____ to participate	
Student Name	
In a field trip/activity to _____	on _____
Location	Date
and to make authorized or emergency stops as necessary.	

Students will be traveling in the following manner:

- | | |
|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Rental Vehicle |
| <input type="checkbox"/> School Bus | <input type="checkbox"/> Commercial Transportation Carrier |
| <input type="checkbox"/> Private Passenger Vehicle | <input type="checkbox"/> Other _____ |

Time of Departure (Approx) _____ Time of Return (Approx) _____

- 1) I authorize school representatives to obtain medical treatment for my child which includes required emergency transportation in case of serious illness or injury and agree to pay for such treatment.
- 2) I understand that the trained school employee who usually dispenses medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.
- 3) I have documented below all precautions/instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

4) All provisions of the student code of conduct apply to field trips and activities. To ensure student safety and compliance with the student code, I agree that my child's belongings and rooms (where applicable) may be randomly searched for contraband.

<p>If the field trip is to the 4th grade Environmental Education Program. Please complete the following: Your child will have the opportunity to touch and hold captive animals in the environmental classroom during this field trip. You must check the appropriate space below in order for your child to touch and hold captive animals.</p> <p><input type="checkbox"/> YES, my child may touch and hold the animals. <input type="checkbox"/> NO, my child may NOT touch and hold the animals</p>

_____ Signature of Parent/Guardian	_____ Phone (Home)	_____ Phone (Work)	_____ Phone (Cell)
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_____ Alternate Emergency Contact	_____ Phone (Home)	_____ Phone (Work)	_____ Phone (Cell)
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