

FIELD TRIP PERMISSION SLIP

_____ has my permission to participate in the following field trip
(Student's Name)
for: _____
(Program Title)
Date of Trip: _____ Transportation Used: _____
Destination _____
Time of Departure _____ Time of Return _____
Purpose of Field Trip: _____

APPROVED: I understand that all normal safety measures will be taken the same general supervision that is given at school will be provided.

In Case of Emergency: The school sponsor has permission to transport or have transported in an emergency situation to a physician or hospital. My signature indicates my consent to treatment by a physician if necessary.

(Parent/Guardian's Signature)

(Date)

(Approved by Instructor)

(Approved by Administration)