**PERMISSION FOR FIELD TRIP**

**[Name Of The School]**
**[Address]**
**[Contact Information]**

**[Name Of The Student]** has the opportunity to participate in a school field trip which will have him/her be away from school premises during school hours. If you **[Name Of Parents]** approve of the following arrangements, please sign at the bottom of this slip and give your consent. This slip must be returned to the faculty sponsor of the trip.

|  |  |
| --- | --- |
| Nature of Field Trip | [Nature] |
| Destination of Field Trip | [Destination] |
| Date | [Date] |
| Time of Departure | [Time] |
| Date and Time of Arrival | [Date] |
| Field Trip Supervisor | [Name] |
| Mode of Transportation | [Type] |

I understand the nature of this field trip where my son/daughter will participate. I also acknowledge the fact that my son/daughter has to follow and abide by all the rules and regulations instructed for the field trip by the school/faculty.

I further agree that in a foreseen event, like an accident or illness medical attention has to be given to my son/daughter, the faculty responsible may treat my son/daughter without having any financial obligation to the school/district.

|  |  |
| --- | --- |
| Date | [Date] |
| Signature of Parent/Legal Guardian | [Signature] |
| Emergency Contact Numbers | [Number] |