**FIELD TRIP PERMISSION**

To enrich our curriculum and provide an enhanced educational experience beyond the classroom setting, we have scheduled a field trip to the destination listed below. Students are required to have advance written permission to attend. Please complete the following steps to confirm whether your student will be allowed to participate.

Step 1: Review the Field Trip Information provided.

Step 2: Complete the Student Information section in full.

Step 3: Complete the Parent/Guardian Signature section in full.

Step 4: Initial the Participation Permission for which you give your approval.

Step 5: Return your completed form by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

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| --- | --- |
| **Field Trip Information** | |
| Teacher |  |
| Date/Time |  |
| Destination/Transportation |  |
| Description/Activities/Fees |  |
| Special Notes/ Supplies Needed |  |

|  |  |
| --- | --- |
| **Student Information** | |
| Full Name |  |
| **Emergency Contact 1**  Name/Phone |  |
| **Emergency Contact 2**  Name/Phone |  |
| Medical Considerations |  |

|  |  |
| --- | --- |
| **Parent/Guardian Signature** | |
| Full Name |  |
| Signature |  |
| Date |  |

| **Participation Permissions** | **Approval Initials** |
| --- | --- |
| I give permission for my student to participate in this field trip.  As such, I acknowledge I am aware of:   * Risks including but not limited to slips, falls, pinches, scrapes, twists, jolts, scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe injuries. * Potential hazards associated with travel to and from the field trip site. * Possible contact with plants, animals, or insects that could result in stings, allergic reactions, and associated diseases.   Further, I confirm I have provided:   * Appropriate and available emergency contact information for the duration of all field trip and travel hours. * All necessary medical information, including a list of allergies, instructions, and medications to the appropriate school staff to ensure adequate care is available while my student is under their supervision. |  |
| I do not give permission for my student to participate in this field trip. |  |