

FIELD TRIP PERMISSION AND CONSENT FORM

Trip Details	
Destination	Date
Purpose	Transportation Method

Student Information			
First Name	Last Name	Grade	Teacher

Parent Information			
First Name	Last Name	Phone Number	Email Address
Street Address	City	State	Zip Code

Emergency Contact Information (if parent listed above cannot be reached)	
First Name	Last Name
Phone Number	Relationship to patient

I, the undersigned, give permission for my child to participate in the above-mentioned field trip. I understand that the school/institution will take all reasonable precautions to ensure the safety and well-being of the students.

In case of a medical emergency, I authorize the school/institution to seek and consent to medical treatment for my child. I understand that every effort will be made to contact me or the emergency contact listed above in such situations.

I have read and understood the details of the trip. I also acknowledge that my child is expected to adhere to the school/institution's code of conduct during the trip.

Signature:

Signature date: