

Art Gallery Field Trip Parental Consent Form

School Name: _____

Teacher(s): _____

Date of Trip: _____

Destination: Local Art Gallery

Departure Time: _____

Return Time: _____

Overview

Our class will be visiting the local Art Gallery for an educational field trip. Students will have the opportunity to explore various exhibitions, participate in guided activities, and learn about art history and different art techniques.

Transportation will be provided by school bus. Please ensure your child brings a packed lunch and water bottle.

Emergency Contact & Medical Information

Student Name: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Allergies/Medical Conditions: _____

Parental Consent

I give permission for my child to attend the Art Gallery field trip as described above. I understand that adult supervision will be provided and all reasonable precautions will be taken for the safety and care of the students.

Parent/Guardian Signature

Date
