

Parental Consent Form for Field Trips

Please fill out and return this form to the school prior to the field trip.

Student Name:

Grade / Class:

Teacher's Name:

Date of Field Trip:

Destination / Event:

Departure & Return Times:

Parent / Guardian Name:

Contact Number:

Emergency Contact Name:

Emergency Contact Number:

Medical Conditions / Allergies:

I, the undersigned parent or legal guardian, give permission for my child named above to attend the field trip described above. In the event of an emergency, I authorize school officials to secure medical treatment for my child as necessary.

Signature of Parent/Guardian

Date