

Child Field Trip Permission Form

Organization Name: _____

Date of Field Trip: _____

Child Information

Full Name: _____ Age: _____

Trip Destination

Location: _____ Purpose: _____

Timing Details

Departure: _____ Return: _____

Transportation

School Bus

Private Vehicle

Other: _____

Medical Details

Allergies (if any): _____

Medications: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Consent

I, _____, give permission for my child to participate in the field trip to _____. I understand all precautions will be taken for their safety.

Parent/Guardian Signature: _____ Date: _____