

High School Field Trip Permission Form

School Name: _____

Field Trip Date: _____

Destination: _____

Student Information

Student Name: _____

Grade: _____ Age: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Purpose of the Trip

The purpose of this field trip is to _____

Departure and Return Details

Departure Date/Time: _____

Return Date/Time: _____

Transportation Details

School Bus

Private Bus

Other: _____

Medical Information

Does the student have any allergies or medical conditions?

Yes No

If yes, please specify: _____

Parent/Guardian Consent

I hereby give permission for my child, _____, to participate in the field trip to _____ on _____.

Parent/Guardian Signature: _____ **Date:** _____