

# Student Field Trip Permission Form

School Name: \_\_\_\_\_

Field Trip Date: \_\_\_\_\_

## Student Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

## Trip Details

Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

Transportation:  School Bus  Private Vehicle  Other: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Health Information

Does the student have any allergies?  Yes  No

If yes, list them: \_\_\_\_\_

Medications (if any): \_\_\_\_\_

## Consent Declaration

I understand the nature of the activity and accept that all reasonable precautions will be taken for the safety of my child.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_