**Field Trip Permission Slip**

Your Business Name here - Write Location Here - Contact No - 111-222-3333 - [www.yourwebsitehere.com](http://www.yourwebsitehere.com)

My Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , has my permission to go with his/her class to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The purpose of this trip is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On the date of this field trip, I can be reached at telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An emergency contact is (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **For overnight field trips that extend beyond school hours, please list any medications that need to be administered to the student during the field trip:** | | | |
| **Name of Medication** | **Dosage** | **Time to be Given** | **Other** |
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**Terms and Conditions**

* I understand that all school policies, procedures, and expectations, including the Districts Behavior Code, apply to my child during the course of the field trip.
* I agree that any prescription medication necessary to be administered will be provided to the school in the original container, clearly mark with my child’s name and will be given directly to the person in charge of medication administration on this trip.
* Any over the counter medication must be provided in the original sealed package.
* I understand that this form may be shared with other individuals as necessary for the completion of the field trip.
* I certify that I am the parent and/ or legal guardian of the student, that I have read and that I understand the above Permission Form, and that I accept and will be bound by its terms and conditions on my behalf and on behalf of the student.

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| **Name of Parent/Legal Guardian** | **Signature of Parent/Legal Guardian** | **Date** |
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