

## FIELD TRIP PERMISSION AND CONSENT FORM

Trip Details	
<b>Destination</b>	<b>Date</b>
<b>Purpose</b>	<b>Transportation Method</b>

Student Information			
<b>First Name</b>	<b>Last Name</b>	<b>Grade</b>	<b>Teacher</b>

Parent Information			
<b>First Name</b>	<b>Last Name</b>	<b>Phone Number</b>	<b>Email Address</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

Emergency Contact Information (if parent listed above cannot be reached)	
<b>First Name</b>	<b>Last Name</b>
<b>Phone Number</b>	<b>Relationship to patient</b>

I, the undersigned, give permission for my child to participate in the above-mentioned field trip. I understand that the school/institution will take all reasonable precautions to ensure the safety and well-being of the students.

In case of a medical emergency, I authorize the school/institution to seek and consent to medical treatment for my child. I understand that every effort will be made to contact me or the emergency contact listed above in such situations.

I have read and understood the details of the trip. I also acknowledge that my child is expected to adhere to the school/institution's code of conduct during the trip.

**Signature:**

**Signature date:**