

FIELD TRIP PERMISSION SLIP

Business Name: _____

Date: _____

Permission slip for school field trips. Covers parental consent, emergency contacts, medical info, transportation authorization, and photo release.

** Required fields*

Student's Full Name *

Grade/Class *

Teacher *

Field Trip Destination *

Field Trip Date *

Departure Time *

Return Time *

Transportation *

Options: School Bus / Charter Bus / Parent Driver / Walking / Public Transit

Parent/Guardian Full Name *

Parent/Guardian Phone *

Parent/Guardian Email *

Emergency Contact (if different from above)

Emergency Contact Phone

Medical conditions or allergies

Asthma, allergies, medications needed...

Medications student takes during school hours

- I give permission for my child to attend this field trip *
- I authorize emergency medical treatment if needed *
- I give permission for photos to be taken of my child

Parent/Guardian Signature *

Sign here

Date: _____

CONSENT / WAIVER

I give permission for my child to participate in the field trip described above. I understand that: (1) The school will provide supervision during the trip; (2) My child is expected to follow all school rules; (3) Transportation will be provided as indicated; (4) In case of medical emergency, I authorize school staff to seek emergency medical treatment. I release the school, teachers, and chaperones from liability for incidents beyond their reasonable control during the trip.

Client Signature: _____

Date: _____

Print Name: _____