

Student Field Trip Permission Form

Student Name _____

Destination of trip _____

Date of trip _____ **Duration of trip** _____

This trip is an optional school activity which must have the consent of the parent/guardian, teachers of classes that the student will miss, and the principal.

✓ **Medical Information and Permission to be completed by parent/guardian:**

Name of family doctor _____

Doctor's phone number _____

Is your child taking any medication with him/her on the trip? Yes _____ No _____
If yes, what is the name of the medication and who is expected to administer this medication?

Should emergency medical services be required for your child during the trip, medical personnel will be contacted immediately. Please sign below if allowing your child to attend this trip.

Signature of Parent/guardian *Phone number* *Date*