

PARENT FIELD TRIP AUTHORIZATION FORM

Student name _____

Name of school _____

Name of teacher _____

Proposed field trip _____

Date of field trip _____

Cost: Bus \$ _____ (Nonrefundable)

Entrance fee(s) \$ _____

Bag lunch \$ _____

Food/Drink \$ _____

Total cost \$ _____

Time of departure _____

Time of return _____

Approximate

Parent/Legal guardian needs to accompany child? []Yes []No If yes, explain: _____

Emergency procedure information

Student name _____

Parent/legal guardian can be contacted at _____ Telephone number _____

Name of physician _____

Name of medical insurance company _____

Special instructions or limitations (diet, physical activity, etc.) _____

Special emergency information (i.e., allergy, blood transfusions) _____

My child may be taken to a licensed physician or emergency room except as noted above. It is understood that all reasonable caution will be taken by those persons in charge to prevent injuries but neither those in charge nor the school district will be held responsible in case of an accident.

Signed: _____
Parent or legal guardian

THIS FORM MUST BE IN THE TEACHER'S POSSESSION DURING A FIELD TRIP AND KEPT ON FILE FOR THE REMAINDER OF THE SCHOOL YEAR.