**FIELD TRIP PERMISSION SLIP (Or Fill Out Online at [Enter URL])**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Trip to:** [DESTINATION] on [DATE]

□ **YES**, my child has permission to attend this field trip.

□ **NO**, my child will not attend this field trip.

**Parent/Guardian Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (if parent unavailable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Allergies:

Medications:

Medical Conditions:

**Payment:** (Check one)
□ Payment of $[AMOUNT] enclosed (cash/check #\_\_\_\_\_\_\_\_)
□ Payment submitted online on [DATE]
□ Financial assistance requested (please contact [NAME])

**Chaperone Volunteer:**
□ I am interested in chaperoning (subject to availability and background check)
□ I am unable to chaperone

I understand that my child is expected to follow all school rules during this trip. I release [SCHOOL NAME] and its employees from liability for any injury that may occur during this field trip, except in cases of negligence.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

