

Field Trip Permission Slip

Organization: _____

ACTIVITY DETAILS

Trip Destination * _____ Trip Date * _____

Departure Time * _____ Return Time * _____

Transportation Method * _____ Chaperone Name _____

PARTICIPANT INFORMATION

Child's Full Name * _____

Date of Birth * _____ Parent/Guardian Name * _____

Parent/Guardian Phone * _____ Parent/Guardian Email * _____

Emergency Contact Name * _____ Emergency Contact Phone * _____

MEDICAL INFORMATION

Medical Conditions / Allergies _____

I hereby give permission for my child to participate in the above-described field trip and authorize emergency medical treatment if necessary.

Parent/Guardian Signature _____ Date _____