

Field Trip Permissions Slip (Sample)

FIELD TRIP PERMISSION SLIP (SAMPLE)

I understand that from time to time my child _____, Grade _____, may have an opportunity to participate in trips that will take him/her away from the campus. I understand that these trips will be under the direct supervision of a faculty member(s) of _____ School and that my child will be transported in a school owned or contracted, or designated vehicle (or by regularly scheduled airlines or chartered service for certain trips/outings).

I request that my son/daughter be allowed to attend such field trips.

I also authorize any medical treatment in case of an emergency, and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify _____ School its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my son/daughter which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the school, or its agents, representatives, or employees.

Please complete the following:

Emergency contact telephone numbers:

Parents Names: _____

(or Guardians)

Home Phone: () _____ () _____

Work Phone: () _____ () _____

Medical or physical condition:

List any medical or physical conditions the trip supervisors should be aware of here to assure all participants have a safe and orderly trip:

Condition: _____

Medication: _____

Dosage: _____

Name of Prescribing/Treating Physician: _____ Tel #:

Other special needs:

Date: _____

Signature: _____

(Parent or Legal Guardian)