

FIELD TRIP AUTHORIZATION

6041-E2

Field Trip Destination:

Date(s) of Field Trip: _____

Transportation: (Circle One) School Bus Private Vehicle

Teacher: _____

Building: _____

Parent Permission and Authorization

I grant permission for (child's name) _____ to participate in the field trip described above. I authorize necessary medical attention and acknowledge financial responsibility for any medical care costs. I also authorize BOCES' staff to release my child to the following individual(s) to provide return transportation for my child from said field trip:

Name of Authorized Individual(s)	Relationship to the Child

I understand that my child will not be released to the above individual(s) unless the individual(s) produce satisfactory identification to the BOCES' staff.

I release the BOCES and BOCES' personnel from any claims or causes of action arising out of injuries that my child may sustain in connection with the field trip.

Parent/Guardian

Date

Address

Telephone No.

****This form is to be returned to the teacher 5 days before the date of the trip.