



FIELD TRIP PERMISSION FORM

FIELD TRIP DESCRIPTION

Destination: _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

Description/Special Notes: _____

Sponsored by (Department): _____ Teacher: _____

Meal Information: _____

Special Clothing: _____

Return Permission Slip by: _____



PLEASE SIGN & RETURN PERMISSION SLIP TO TEACHER

I give _____ permission to go on this field trip
Student's Name

to _____ and authorize a representative of AOS98 Schools to act accordingly and seek medical attention, if needed, for my child. I also understand that medical personnel will not be present on field trips.

Parent's Signature

Date

I am available to help chaperone: Yes _____ No _____
If so, Volunteer Form Signed and Approved by the School Office: Yes _____ No _____
Name: _____ Phone: _____

My child will need to take medication while on this field trip: _____

Emergency Contacts: 1) Name: _____ Phone Number: _____

2) Name: _____ Phone Number: _____

Notes: _____