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| Fall River School District |
| Field Trip – Student Permission Form |
| Trip Destination |  |
| Teacher(s): |
| Date |  | Time |  |
| Location |  |
| Cost |  |
| Transportation |  |
| Notes |  |
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| Please return this permission slip by: |
| I have reviewed the information regarding this fieldtrip and agree to allow my student to participate. I understand that I am responsible for picking up my student should violations of school/trip rules occur. |
| I give permission for my Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the field trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Enclosed is $ \_\_\_\_\_\_\_\_\_\_\_\_ to cover the cost of the trip. (Exact cash or check made payable to “Fall River School District”) \* Please do not include student fees, fines, or lunch money. |
| Medical Information needed for this trip: (allergies or medical conditions, medications needed, dietary needs, or restrictions, etc…) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emergency Contact Name | Emergency Contact Phone Numbers During Trip |
| Parent Name |  |  Phone |  |  |
| Parent/Guardian Signature |  | Date |  |  |
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