|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fall River School District | | | | | | | | | | | | |
| Field Trip – Student Permission Form | | | | | | | | | | | | |
| Trip Destination | | | | |  | | | | | | | |
| Teacher(s): | | | | | | | | | | | | |
| Date |  | | | | Time | |  | | | | | |
| Location | | |  | | | | | | | | | |
| Cost | | |  | | | | | | | | | |
| Transportation | | | |  | | | | | | | | |
| Notes |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 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 |  | |  |
|  | | | | | | | | | | | | |

