**Please complete and return this form by in order to participate in the field trip described below.**

|  |  |
| --- | --- |
| **Field Trip Information** | |
| Teacher |  |
| Date/Time |  |
| Destination/  Transportation |  |
| Participation  Costs/Fees |  |
| Important  Notes/Supplies |  |

|  |  |
| --- | --- |
| **Student Information** | |
| Full Name |  |
| Emergency Contact 1  Name/Phone |  |
| Emergency Contact 2  Name/Phone |  |
| Medical Considerations |  |

|  |  |
| --- | --- |
| **Parent/Guardian Signature** | |
| Full Name |  |
| Signature |  |
| Date |  |

| **Participation Permissions** | **Initials** |
| --- | --- |
| I give permission for my student to participate in this field trip.  *As such, I acknowledge I am aware of:*   * *Risks including but not limited to slips, falls, pinches, scrapes, twists, jolts, scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe injuries.* * *Potential hazards associated with travel to and from the field trip site.* * *Possible contact with plants, animals, or insects that could result in stings, allergic reactions, and associated diseases.*   *Further, I confirm I have provided:*   * *Appropriate and available emergency contact information for the duration of all field trip and travel hours.* * *All necessary medical information, including a list of allergies, instructions, and medications to the appropriate school staff to ensure adequate care is available while my student is under their supervision.* |  |
| I do not give permission for my student to participate in this field trip. |  |