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| **Field Trip Information** |
| Teacher |  |
| Date/Time |  |
| Destination/Transportation |  |
| ParticipationCosts/Fees |  |
| ImportantNotes/Supplies |  |

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

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| **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.*
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| I do not give permission for my student to participate in this field trip. |  |