

**NATIONAL SCHOOL DISTRICT
FIELD TRIP PERMISSION FORM**

School _____ Date _____

Class or Group: _____

Destination: _____

Departure: _____ Time _____ Date _____

Return: _____ Time _____ Date _____

Type of Transportation: _____

Total Charges/Student: _____

Type of Supervision: _____ Members of the school staff _____

This activity will provide an excellent educational experience for students. In order for your child to participate, your permission and release from liability is required. Please complete the bottom portion of this form and return it to school by _____. If you have any questions concerning this activity, please do not hesitate to call the school.

*Please note if your child has special health problems.

.....

_____ has my permission to go on the field trip to _____ on _____. In granting permission for my child to participate in this activity, I understand at I will not hold the school or its personnel liable in case of any accident not caused by the negligence of the school or its personnel. Should an accident or illness occur, school personnel are authorized to follow whatever procedure is necessary to secure medical treatment as needed.

*Special health problems:

(Date)

(Parent's Signature)