

# NATIONAL SCHOOL DISTRICT FIELD TRIP PERMISSION FORM

School: \_\_\_\_\_ Date: \_\_\_\_\_

Class or Group: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Return Time: \_\_\_\_\_ Return 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 are required. Please complete the bottom portion of this form and return it to your child's 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.*

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\_\_\_\_\_ has my permission to go on the field trip to \_\_\_\_\_ on \_\_\_\_\_. In granting permission for my child to participate in this activity, I understand that 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/Guardian Signature)