Field Trip Permission Form

I hereby give permission for ____________________________________________________________ to take
(name of child provider)

my child, _____________________________________________________________ on the following field trip:
(name of child)

Field trip address/location: ________________________________________________

Date of field trip: _________________________________________________________

Departing at ______ am/pm and returning approximately at ______ am/pm.

Traveling by: (check all that apply)
☐ Van      ☐ Car      ☐ Bus      ☐ Walking      ☐ Other ______________________

In case of an emergency I give permission for my child to receive medical attention.

Emergency contact name and number for day of field trip:

Name : __________________________________________________     Phone number:___________________

_________________________       __________________________
(Signature of Parent/Guardian)       (Date of signature)