

Field Trip Consent Form

I hereby give permission for _____ to take my
(name of provider/facility)
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:

Emergency Contact Name (Printed): _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____