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## SCHOOL FIELD TRIP – PERMISSION SLIP (W)

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This document is fillable using Adobe Acrobat or can be printed and completed by hand.

I give permission for

(Student's Name)

to participate in the following trip away from school on

(Date)

Teacher

Trip Destination

Mode of Transportation

Reason For Trip

Name(s) of school chaperone(s) on trip

Cost per student: \$

### Duties of Chaperones:

- All adults participating in a school field trip do so in a supervisory capacity
- Chaperones should seat themselves at various points on the bus(es) as determined by the teacher in charge
- When necessary, adults are expected to correct and direct students' behavior
- Disrespect or disobedience is to be reported to the supervisory teacher
- Adults are to remain with the group during all scheduled activities
- Adults are expected to be aware and conscious of incidents or situations that may be safety problems.
- The group sponsor or teacher-in-charge will make all decisions concerning appropriate behavior and the interpretation of school or board of education policies and regulations.

**(Parent/Guardian: Check one)**

There are NO changes in student's medical information.

There are changes in student's medical information; I will/have contact(ed) the school nurse.

School Contact/Teacher's Name

Despite the supervision and precautions in place, I understand that participation in some activities related to this trip/event may be hazardous and I assume all risks of harm or injury which may occur as a result of participating. I release the Board of Education and its officers, employees, or agents from any liability, costs, and/or damages resulting in my child's participation. In the event that a parent/guardian cannot be reached, I grant authority to staff and chaperones to act in a medical emergency or secure medical treatment at a nearby medical facility, and I agree to accept to financial responsibility for the costs related.

Parent/Guardian

Signature

Date