

SCHOOL FIELD TRIP - PERMISSION SLIP

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 interboard 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	
Parent/ Guardian Signature Date	

H-008A Page **1** of **1**