

FIELD TRIP PARENTAL AUTHORIZATION FORM

Your child has an opportunity to participate in _____
_____ on _____ from _____ to _____
Approximately, _____ students will be participating and they will be chaperoned
by _____ of the school's staff plus _____ non-school
personnel. Transportation will be by _____.

In order for your child to participate, this form must be filled out completely and returned
prior to the event. No student will be allowed to participate without a completed
authorization form.

In case of emergency, contact:

Name

Home Phone

Work Phone/Cell

Parent/Guardian

Parent/Guardian

Relative/Friend

Family Physician:

Phone:

Special Medical Conditions of your child:

Statement of Consent:

I give _____ my consent to participate in this event. In
doing so, I agree to the following:

- In case of a medical emergency, I grant the chaperones the right to authorize
medical care, if none of the persons named above can be reached.
- I agree to pay the expense of returning my child home before termination of the
event if he or she does not adhere to established standards of conduct.
- The school is not responsible for damage or loss of property personally owned by
my child.

(Signature of Parent/Guardian)

Date: _____