

LOW RISK FIELD TRIP - PARENT PERMISSION FORM

(Please return by _____)

Name of student:		("my child")
Name of school:		Grade:
Date of trip:		_
have read and am informed about the proposed field trip to _		
on I request that my child	(Location)	
(date) participate in this field trip.	(student's name)	
understand there is a cost involved and have enclosed	(amount)	
In the event of an emergency when a family member cannot following emergency contacts:	be contacted at home, ple	ase try to reach one of the
Name	Phone:	
Name	Phone:	
Care Card Number:		
I, the undersigned parent or legal guardian of the above-rule be allowed to participate in the event described above (or this form).		•
Both my son/daughter and I understand that the Langle applies on all field trips. The use of alcohol or drugs result in suspension from school. Students engaging in at their family's expense.	and/or inappropriate stud	dent conduct may
Parent/Legal Guardian Signature	Date:	
	Home	
Student Signature	Phone: Work Phone:	