

FIELD TRIP PERMISSION FORM

I _____ give permission to
Parent or guardian name

Provider's name

to take my child/children _____
Children's Names

to _____ on _____
Location of field trip Date of field trip

My child/children have the following restrictions or conditions:

Child's Name _____ needs or restrictions

Child's Name _____ needs or restrictions

Child's Name _____ needs or restrictions

Child's Name _____ needs or restrictions

Parent signature: _____ Date: _____

Address: _____ Phone: _____

In the event of an emergency and you are not reachable, who should we contact:

Name and relationship to the child/children Address Phone number

Name and relationship to the child/children Address Phone number

Name and relationship to the child/children Address Phone number