

MIDFIELD CITY SCHOOLS

FIELD TRIP PARENT/GUARDIAN PERMISSION FORM

THIS SECTION TO BE COMPLETED BY FIELD TRIP SPONSOR

School/Department: _____ Grade(s) _____ Date: _____

Trip Destination: _____ Date of Trip: _____

Field Trip Sponsor(s): _____

Departure Date: _____ Departure Time: _____ AM _____ PM

Return Date: _____ Return Time: _____ AM _____ PM

Cost to Your Child: _____ which includes payment for _____

Means of Transportation: _____ School Bus _____ Commercial Carrier _____ Board Employee Vehicle

Name of Board Employee Driving Vehicle: _____

Special Clothing/Materials, etc. _____

This form must be returned to the Field Trip Sponsor no later than _____ (Date)

THIS SECTION TO BE COMPLETED BY THE PARENT OR GUARDIAN

My child, _____ (please circle one) **MAY** or **MAY NOT** participate in the above named activity.

If you approve of your child making the trip, please fill in the necessary information requested below, sign your name in the space provided, and return this form by your child to the person(s) in charge.

In case of any emergency, my child (please circle one) **MAY** or **MAY NOT** receive medical treatment at the nearest emergency medical treatment facility. (Any emergency treatment shall be at the expense of the parent/guardian.)

My child is covered by medical insurance. (please circle one) **YES** or **NO**

If YES, please list the name of insurance carrier and policy number:

Carrier: _____ Policy Number: _____

My child has the following special medical needs/conditions: _____

Emergency Contact Number (where you can be reached at the time of the field trip): _____

Second Contact Name and Phone Number: _____

Signature of Parent/Guardian: _____ Date: _____

Note: Students will NOT be permitted to go on field trips without a signed Field Trip Parental Permission Form on file.