

**FIELD TRIP PERMISSION FORM**

Field trips are used to enhance the student's understanding of subject matter. Students who have the **PRIVILEGE** of going on a field trip will be excused from class attendance on the field trip date but, are **RESPONSIBLE** for the class work done while they are away from the classroom. Please use this permission slip to record assignments which will be missed during your forthcoming experience. It is your **RESPONSIBILITY** to discuss your assignments with your teachers **PRIOR** to leaving. **YOU WILL BE RESPONSIBLE** for the material assigned by your teachers. **If you do not complete the assignments OR fail to discuss your assignments with your teachers before your trip, you may receive a "o" on the work missed.** Please have your teachers initial the last column after you speak with them. They will initial the last column whether you are passing or not.

*IF YOU ARE FAILING ANY CLASS YOU ARE NOT PERMITTED TO ATTEND THE FIELD TRIP.*

<u>PERIOD</u>	<u>ASSIGNMENT</u>	<u>PASSING Y/N</u>	<u>TEACHER INITIALS</u>
1.			
2.			
3.			
4.			
5/6.			
6/7.			
7/8.			
8/9.			
10.			
11.			

My child \_\_\_\_\_ has permission to go to \_\_\_\_\_.

My child's health insurance is furnished by: My medical insurance\_\_\_\_\_. I purchase from the school\_\_\_\_\_.

Does your son/daughter have any health condition we should be aware of? No\_\_\_\_ Yes(explain)\_\_\_\_\_.

In the event of an emergency, I hereby authorize the responsible school personnel to transport my child to a physician/emergency room and I will incur all expenses for treatment/transportation. I also recognize the above statements on academic responsibility. Date\_\_\_\_\_.

Parent/Guardian \_\_\_\_\_ Emergency contact name\_\_\_\_\_.

Emergency contact phone\_\_\_\_\_.

