APPENDIX R

SAMPLE

PERMISSION SLIP: FIELD TRIP

School: ________________________________ Teacher: ______________________ Date: _________________

Student’s name: ____________________________________ Subject: _____________________________________

A field trip has been scheduled for the class, which includes the student named above, on (date)________________.
Transportation is by (bus, etc.) ____________________ , which will leave the school at __________ (a.m./p.m.) and
return at approximately ___________ (a.m./p.m.). The field activities will take place at (location)
_________________________________________________.

The purposes of the trip are as follows:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Each student will be expected to:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Dress requirements/options are as follows:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Possible hazards and necessary precautions are as follows:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

List below any special allergies or sensitivities (e.g., to plants, animals, pollen, foods, chemicals, bee stings) or
other concerns you may have that might affect the student’s safety on the field trip:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Parent’s or Guardian’s Statement

I have read the description of the proposed field activity noted above and give my consent for this
student to engage in the field trip.

I pledge my cooperation in making her/him aware of the precautions, as necessary, and in urging that
she/he observe the precautions and any other instructions during the trip.

_________________________________________ Date ____________________________________________
Signature of parent or guardian

Telephone number

Return the completed and signed form to ____________________________ by ____________.