

Information Form for Elementary Field Trip

Dear Parent/Guardian,

The _____ grade class will be taking a trip as follows:

Trip Destination: _____ Date : _____

Bus Pick-up Time: _____ Bus Return Time: _____

A bagged lunch will be necessary: Yes _____ (no glass bottles) No _____

Dress requirements are _____.

This trip is part of the curriculum, an academically enriching and well-planned experience for the students.

I hereby release and save harmless St. Mary School and any and all of its employees from any and all liability for any and all harm arising to my son/daughter as a result of this trip.

Please contact the school nurse, upon the receipt of this permission form, if there are any health concerns for your child. This includes serious and/or life threatening medical needs such as severe bee sting reactions, peanut allergies, asthma attacks, diabetes, absolutely necessary medication, etc.

Please sign and return this permission form and have your child return it with the attached medical form by _____.

Sincerely,

Permission Form for Elementary Field Trip

I give permission for my child to go on the following field trip:

Trip Destination _____ Date _____

Child's Name _____ Grade _____

Teacher's Name _____ Room _____

Below please list the names of parent/guardian and/or persons to be contacted in the event of an emergency and the telephone or beeper numbers where they can be reached during the field trip.

First Contact _____ Work Phone _____
Parent/Guardian

Home Phone _____

Second Contact _____ Work Phone _____

Home Phone _____

Third Contact _____ Work Phone _____

Home Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Allergies (foods, medications, insect bites/stings):

Is your child currently on medication? Yes _____ No _____

If yes, please list the medications including dosage and specific instructions:

Is it necessary for your child to take medication while on this trip? Yes / No
Circle one

Does your child have a serious health concern? Yes / No
Circle one

List : _____

Your child has the medication _____ available for his/her use as needed in school. This medication and the instructions for its use will be carried and administered by _____ on the field trip if the need arises.

I have read the information and give permission for my child to go on the above trip.

Parent/Guardian Signature _____ Date _____