

# One Time School Field Trip Authorization Form

Please complete, sign, and return this form to the school. This form must be on file before the student will be permitted to participate in the field trip.

## Student & School Information

School Name:

Student Full Name:

Grade Level:  Teacher/Homeroom:

## Field Trip Details

Trip Destination:

Date of Trip:

Departure Time:  Expected Return Time:

Purpose of Trip:

Cost per Student:

## Medical Information

Does the student have any allergies or medical conditions?

Required medications to be administered during the trip:

## Emergency Contacts

Primary Emergency Contact Name:  Phone Number:

Secondary Emergency Contact Name:  Phone Number:

## Parent/Guardian Consent

I hereby give my permission for the student named above to participate in the school-sponsored field trip described on this form. I understand that transportation will be provided by the school or approved carriers. In the event of an emergency, I authorize school staff to obtain necessary medical treatment for my child.

Parent/Guardian Printed Name:

Parent/Guardian Signature:  Date Signed: