

Field trip permission slip

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Please return this slip by [return date]. Your child can't go on the trip without it.

Trip details (filled in by the program)

Destination and address _____

Date _____

Departure and return times _____

Transportation (such as school bus, van or walking) _____

Pickup location, if it's not the usual place _____

Cost, if any, and when it's due _____

What to bring (such as lunch, water and clothes for the weather) _____

Trip lead and cell phone on the day _____

Child

Full name _____

Group or age group _____

Health for this trip

Any new allergies, health needs or medications we should know about _____

Medication your child will need during the trip (we must have your signed medication form) _____

Permission

Check each one you agree to. Leave a box blank to say no.

- ☐ My child may go on this trip
- ☐ My child may ride in the transportation listed above
- ☐ My child may swim on this trip (staff may give a swim test first)
- ☐ I can help as a chaperone (we'll contact you about our volunteer requirements)

Parent or guardian

In an emergency, staff will call 911 if needed and contact me as soon as they can. If they can't reach me, I authorize program staff to get emergency medical care for my child, including ambulance transport and treatment by a doctor or hospital, and to share this form with the medical staff who treat my child.

Backup emergency contact and phone for the day _____

Cell phone on the day of the trip _____

Parent or guardian's printed name _____

Parent or guardian signature _____

Date _____

Free to use and change, but not legal or medical advice. Check your state's licensing rules and your insurer's requirements, and have a lawyer review any consent or waiver language.

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