

Field Trip Parent Permission Slip

We will be visiting _____ on _____.

We, the undersigned parents of _____, give our permission for the field trip to _____. The students will leave school at _____ and return at _____.

We, the parents, will assume all responsibility for any and all accidents other than those covered by school insurance. We, furthermore, will not hold the school, any staff member, or school official responsible for accidents that affect the above student. This is not to say that the sponsors will not do his or her very best for the safety and well being of your child while they are attending this field trip. They will not be negligent in the performance of their duty.

We also give permission for our child to be treated in case of a medical emergency.

Parent or guardian Signature **Parent or guardian printed name** **Date**

Field Trip Academic Permission Slip

NAME _____

If you are presently failing any of the courses you will miss as a result of going on this field trip, you will not be allowed to go.

The signatures of the teachers beside the courses you are taking indicate you are presently passing the courses.

Field Trip: _____
When: _____

Teachers: Sign this permission slip if the presenter is currently passing the course.

	Courses	Assignment	Teachers' Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____