

352 EXHIBIT 1 PARENT/GUARDIAN PERMISSION & FIELD TRIP FORM

Parent/Guardian Permission & Field Trip Form

Teacher/s: _____ Grade/Dept: _____

Destination: _____

Date/Day of Trip: _____ Cost: _____

Checks Made Payable To: _____

Departure Time: _____ Return Time: _____

Type of Transportation: _____

Number of Students: _____ Number of Adults: _____

Curricular objectives/state standards that will be met or enhanced by this trip:

Pre/Post activities which will support the field trip:

Teacher Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Medical/health concerns which school personnel should be aware of: (Please specify)

Student Name: _____ Date: _____

Signature of Parent/Guardian: _____

In the event of sudden illness or injury, I understand that medical care will be obtained if available.

Phone me at: _____.

Reviewed by Board: December 12, 2022 (No Change)