

Authorization for Release of Student for Field Trip

Name of Student: _____ Date of Birth: _____

Grade: _____ Teacher: _____

Special Medical or Custody Concerns: _____

Emergency Contact Information: _____
(Name) (Phone Number)

Relationship to Student: _____

I certify that I am the custodial parent/legal guardian of the above-named student, and I grant permission for my child to participate in school-sponsored field trips, including transportation to and from these events.

I further understand that information specific to each field trip will be sent home to parents/guardians prior to each event, and that I must notify the school **in writing** if I choose not to allow my child to participate in a particular trip at a particular time.

Parent/Guardian Signature

Date