

MOUNT HOREB SCHOOL DISTRICT

Field Trip Permission Form

Requesting School _____

Trip Destination _____

Teacher(s):

Date		Time	
Location			
Cost			
Transportation			
Notes			

Please return this permission slip by: _____

I have reviewed the information regarding this fieldtrip and agree to allow my student to participate. I understand that I am responsible for picking up my student should violations of school/trip rules occur.

I give permission for my Student _____

to attend the field trip to _____ on _____

Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to school.)

Medical Information needed for this trip: (allergies or medical conditions, medications needed, dietary needs or restrictions, etc...)

Emergency Contact Name

Emergency Contact Phone Numbers During Trip

Parent Name _____ Phone _____

Parent/Guardian Signature _____ Date _____