



FIELD TRIP PERMISSION FORM



Your child's class will be attending a field trip to:

Date:	
Time:	
Location:	

Cost:	
Transportation:	
Notes:	

Please return this permission slip by: _____

I give permission for my child, _____, to attend the field trip to _____ on _____ from _____ to _____.

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

In the event of a medical emergency while my child is participating in a school trip, I authorize Bear Grass Charter School officials to release the following information to the healthcare provider. I understand school officials will use the contact information provided below to contact me in the event of such emergency. If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) arranging for and consenting to the procedures or treatment in the supervisor's discretion. I will pay the costs of any such medical procedures or treatment.

Parent/Legal Guardian Medical Emergency Authorization

Parent/Legal Guardian Signature _____ Date _____

Emergency Contact Information

1st Choice	2nd Choice
Name:	Name:
Phone #	Phone #