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Field Trip Permission Form

Trip Information:

Field trip destination: _____

Field trip address: _____ City: _____ State: _____ Zip: _____

Date of trip: _____ /_____ / _____ *(valid for one year)*

Approximate time of departure: _____ ☐ AM ☐ PM Approximate time of return: _____ ☐ AM ☐ PM

Mode of transportation: ☐ Walking ☐ Church bus or van ☐ Public transportation ☐ Parent vehicles

☐ Vehicle and driver ☐ Other _____

Child/Youth Information:

Child/Youth: _____ Age: _____
First Last

Address: _____ City:_____ State:_____ Zip: _____

If child is not over 4 year and 40 lbs, the parent must provide car seat and installation instructions.

I grant permission for my child to participate in the field trip described above.

Parent signature: _____ Date: _____

Emergency contact phone number: _____