

**PARENT CONSENT FOR FIELD TRIP
WINTER SCHOOL DISTRICT**

I, _____ . PERMIT MY CHILD TO PARTICIPATE IN THE TRIP LISTED BELOW. I UNDERSTAND THAT THIS TRIP IS PART OF THE DISTRICT'S EDUCATIONAL PROGRAM AND PROVIDES A LEARNING EXPERIENCE OF EDUCATIONAL VALUE TO MY CHILD.

TRIP: _____

LOCATION: _____

CITY: _____

DATE OF TRIP: _____

TIME LEAVING SCHOOL: _____

APPROXIMATE TIME RETURNING TO SCHOOL: _____

TEACHER/STAFF GOING: _____

SPECIAL COMMENTS: _____

DOES YOUR CHILD NEED TO TAKE ANY MEDICATIONS ALONG ON THE TRIP? _____
DOES YOUR CHILD HAVE ANY HEALTH CONDITIONS THAT MIGHT LIMIT HIS/HER PHYSICAL ACTIVITY ON THE TRIP? _____

IF EMERGENCY TREATMENT IS REQUIRED AND THE PARENTS CANNOT BE REACHED, MAY THE SCHOOL AUTHORITIES USE THEIR BEST JUDGMENT IN TAKING WHATEVER STEPS DEEMED NECESSARY? _____

STUDENT'S NAME _____ GRADE _____

PARENT/GUARDIAN _____ DATE _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY PHONE _____

If you approve of the trip, please complete, sign, and have your son/daughter return the form to the teacher. Please understand that all teachers must also agree and that the student must complete all missed school work.

Parent/Guardian Signature

Date