

School Field Trip Permission and Release Form

Student Information

Student Name:

Grade:

Homeroom Teacher:

Trip Details

Destination:

Date of Trip:

Activities/Notes:

Parent/Guardian Contact Information

Parent/Guardian Name:

Phone Number:

Emergency Contact (if different):

Medical Information

Allergies or Health Concerns:

Medications (if any):

Permission & Release

I hereby give permission for my child to participate in the above indicated school field trip. I understand that all reasonable precautions will be taken to ensure my child's safety.

In the event of an emergency and if I/we cannot be contacted, I authorize the school staff to obtain any necessary medical treatment for my child.

I hereby release and hold harmless the school, its employees, and volunteers from any liability for any injury or loss arising from participation in this event, except as may be caused by gross negligence.

Parent/Guardian Signature

Date