



School: _____

Supervising Adult(s): _____

Class(es): _____

Departure: _____
(month/day/year) time

Return: _____
(month/day/year) time

Destination: _____

Field trip cost to student: _____

Transportation*: Student-driven vehicles Parent/other adult driven vehicles School bus
 Other (please specify): _____

**Please be aware that private vehicles and rental vans do not meet the same safety standards as school buses.*

The alternative activity provided for non participating students will be: _____

Other information from school: _____

-----**CONSENT**-----

Name Of Student: _____

	<input type="checkbox"/> I have been provided with information about the planned field trip (including possible information such as educational objectives, field trip agenda, itinerary, level of supervision, safety concerns, cost, fund raising, mode of transportation -- bus, private vehicles, vehicles driven by students, etc.). <input type="checkbox"/> I feel that I have received sufficient information from the school and give my consent.
	Signature of Parent/Guardian: _____ Date: _____ OPTIONAL: <input type="checkbox"/> The above named student will carry a piece of personal identification on this field trip. <input type="checkbox"/> Medical Care Card # for the above named student is _____.

	<input type="checkbox"/> I do not give my consent for the following reason(s): _____ _____ _____ _____
	Signature of Parent/Guardian: _____ Date: _____

Please return this form as soon as possible to your child's school