

CHS Field Trip Parent/Guardian Permission Form

Please complete the permission form and return prior to the due date. In accordance with Board Policy 121 (Field Trips), completion of this form is required for participation in the off-campus activity described below.

TO BE COMPLETED BY SCHOOL/ADVISOR

Return form to: _____ Due Date: _____

School Club/Class/Group Name: _____

Staff Teacher/Leader/Advisor Name: _____

Destination: _____ Method of: Transportation: _____

Date(s) of Trip: _____ Departure Time: _____ Return Time: _____

Purpose of Trip: _____

Specific Items to be provided by parent/guardian/student:

TO BE COMPLETED BY PARENT/GUARDIAN

Student's Full Name _____ Grade _____

I/We grant permission for our child to participate in the field trip and be transported using the method named above.

Please list any medical considerations or medical needs for your child below. Arrangements for your child to receive medication during the field trip must be made with the school nurse no later than 24 hours before the trip.

Please list two emergency contacts below:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Required Signature:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____