Sample Permission Form for Field Trips	
Date:	
Dear Parent/Guardian:	
1	re will be going on a field trip to with the opportunity to experience the following: (provide a brief
•	osed activites during the field trip is included for you al and contact the school if you have any questions about our
any special physical or medical problem	supplies on the field trip: (list any special needs). If your child has ms (e.g. allergies), please bring this to our attention. Contact the may interfere with your child's participation in this activity.
We would like you to come along on the volunteer. Thank you for your cooperate	nis exciting learning experience. We encourage you to sign up as a tion.
Teacher	Principal
Consent Form	
I will be able to take part in this field tr	ip as a volunteer.
Yes No	
Comments:	
I normait was abild to take most in the field	ld twin decaribed above. I have notified the calculations of any above as
	ld trip described above. I have notified the school of any physical fere with my child's participation in this activity.
Date:	
Signature:	