

\_\_\_\_\_ ELEMENTARY SCHOOL  
FIELD TRIP PERMISSION FORM

Dear Families and Friends:

Date: \_\_\_\_\_

On \_\_\_\_\_ a field trip is planned for \_\_\_\_\_  
class(es). We plan to visit \_\_\_\_\_  
The purpose of our trip is to : \_\_\_\_\_

We will leave school at \_\_\_\_\_ and return by \_\_\_\_\_

Special conditions concerning our field trip:

- \_\_\_ Students need to pack a bag lunch with disposable beverage container.
- \_\_\_ We will travel by bus.
- \_\_\_ We will walk to our destination
- \_\_\_ Students need to wear clothing appropriate for the weather and activity.
- \_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign the permission slip below and return to school by \_\_\_\_\_. If there are any questions, feel free to call the school (508-255-0808, extension \_\_\_\_\_).

Sincerely,

Susan Glass Helman, Principal

**Eastham Elementary School Permission Slip**

My child, \_\_\_\_\_, has permission to participate in the planned field trip to \_\_\_\_\_

Please specify any **medical concerns** (i.e. medicine, dietary needs, allergies, physical restrictions):  
\_\_\_\_\_  
\_\_\_\_\_

My child's teacher \_\_\_\_\_ has my permission to administer my child's medication while away from school on this trip. **This authorization can be acted on only if the medication and a physician's order are currently in the possession of the school nurse. A parent may not hand medication to the teacher the morning of the trip.**

Medication to be administered: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be administered: \_\_\_\_\_

My child's medication is kept in the nurse's office G Yes G No G Other \_\_\_\_\_

I acknowledge that, despite the school's precautions and supervision, participation in this field trip may involve some risk of injury or property damage greater than that associated with a classroom-based activity, and I consent to my child's participation with that knowledge.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**