



Curriculum Division

Parental Field Trip Permission Day Trip

School: _____ Teacher: _____ Grade: _____ Date: _____

Permission is requested for your son/daughter to go on a field trip to:

(location) _____ , a *(type of facility)* _____

on *(date)* _____ 20_____

We will leave the school at _____ a.m. p.m.

We will return to school on _____, 20_____ at _____ a.m. p.m.

Emergency Phone: Daytime: _____

Evening: _____

Other: _____

Method of Travel: School Bus City Bus Walking

Private Vehicle/Name of Driver: _____

Other/Specify: _____

The **purpose** of this trip is: _____

Supervision: During this trip your student will be supervised by (check all that apply):

ACPS Staff, Approved Chaperones, Other: _____

We anticipate approximately one chaperone for every _____ students.

If your son/daughter has permission to go on this trip, please sign below.

Please accept this form as a consent signature for a physician or hospital staff to give emergency treatment of an injury or illness to my son or daughter if medical attention is needed.

Student Name: *(Please Print)* _____

Signature of Parent or Guardian: _____ Date: _____

Emergency phone number(s) must be listed for students to attend the trip. *

This form has been updated to comply with Rule 6A-10.085 F.A.C.