



Dear Parents:

(Please make a brief statement regarding the date, place, and purpose of the trip.)

Students should not bring money or valuable items.

Student will need to bring a sack lunch: _____ Yes _____ No

***Please make sure that the student's name is on the bag.
Send disposable drinks--no cans or bottles. Please make sure everything is disposable.***

Special Instructions:

What to wear: _____

What to bring: _____

Please complete the attached form, sign and return it to your child's teacher by

(date)

(Name of School)
Field Trip Information/Consent Form

Field trip to: _____

Date of trip: _____ Cost: \$ _____

Teacher/Team: _____

Means of transportation: Bus _____ Walking _____

Parent/Guardian: Please complete the following information, sign and return this form to the teacher by _____. *Include check or money order for applicable fees made payable to: _____.*
(date)

Student Name: _____

____ May attend the field trip.

____ May not attend the field trip. **I understand that he/she must still attend school that day.**

Allergies/Medication:

Does your child have any allergies? Yes No Please list type below.

If yes, does your child carry an inhaler and self-administer the medication?

Yes No

Is your child on daily medication? Yes No Please list type and dosage below.

I give my permission for this medication to be given according to the Medication Administration Policy and Procedures of Community Consolidated School District 93. Yes _____ No _____

EMERGENCY CONTACT INFORMATION ON THE DAY OF THE FIELD TRIP

Emergency contact #1: Name: _____ Phone: _____

Emergency contact #2: Name: _____ Phone: _____

If needed, I would be willing to chaperone this trip. Yes _____ No _____

You will receive a confirmation if you are needed.

(Signature of Parent/Guardian)

(Date)