

Field Trip Permission Form

Date: _____

Dear Parents:

Our class will be going on a field trip to _____ on
(place)

_____. Each child is asked to bring the following:
(date)

Please be sure your child is dressed appropriately.

Please circle Yes or No below, sign, and return this form. Without this form, your child cannot be allowed to go on the trip.

I agree that Fouke School District will not be held responsible for expenses for accidents beyond insurance coverage.

Yes, _____ has my permission to go on the field trip.
(child's name)

No, _____ may not go on the field trip.
(child's name)

Parent/Guardian signature

Phone number where I can be reached on the day of the field trip.