

FIELD TRIP PERMISSION FORM

DATE OF TRIP: _____

DESTINATION OF TRIP: _____

ADDRESS/PHONE NUMBER OF DESTINATION:

OTHER STOPS TO BE MADE (LUNCH, DINNER, ETC.) _____

FORM OF TRANSPORTATION: _____

STUDENT COST (IF ANY): _____

TIME LEAVING CAMPUS: _____ TIME RETURNING TO CAMPUS: _____

TEACHER (S)/PARENT (S) RESPONSIBLE: _____

SPECIAL MEDICAL NEEDS (ALLERGIES, MEDICATIONS, ETC.) _____

I GRANT PERMISSION FOR _____ TO ATTEND THE EVENT DESCRIBED ABOVE. WHILE A PART OF THIS FIELD TRIP/SCHOOL FUNCTION, THE STUDENT IS SUBJECT TO ANY AND ALL EAST ROCHESTER SCHOOL DISTRICT RULES AND REGULATIONS WITH RESPECT TO MISCONDUCT, THE USE OF ILLEGAL SUBSTANCES OR ANY OTHER VIOLATIONS OF THE SCHOOL'S CODE OF CONDUCT.

IN CASE OF EMERGENCY, I GIVE PERMISSION FOR MEDICAL TREATMENT TO BE ADMINISTERED.

SIGNED: _____ DATE: _____
(STUDENT)

SIGNED: _____ DATE: _____
(PARENT/LEGAL GUARDIAN)

HOME TELEPHONE NUMBER: _____

WORK/EMERGENCY TELEPHONE NUMBER: _____

**THIS FORM TO BE RETAINED BY SCHOOL
7-12 OFFICE**