Field trip permission slip

About two minutes. Please send it back by [return-by date].

Questions marked * need an answer.

Trip: [destination] on _____. We leave [place] at _____ and are back at _____, travelling by [bus / walking / cars driven by named adults]. Why we are going: [purpose]. Staff in charge: [names]. Cost: [amount and how to pay]. Please bring: [list]. Activities: [list them, including anything on or near water].

1. Student's name *

2. Class or teacher *

- ◯ [Class one]
- ◯ [Class two]
- ◯ [Class three]

3. May your child go on this trip? *

- ◯ Yes
- ◯ No

4. Activities your child should not take part in

Optional. Leave it blank if they can do everything.

- ☐ [Activity one]
- ☐ [Activity two]
- ☐ Swimming or water activities

5. Medical conditions, allergies or dietary needs staff should know about for this trip

6. Will your child need medication during the trip? *

- ◯ Yes
- ◯ No

7. Medication name, dose and time *

Only if "Will your child need medication during the trip?" is Yes.

Please send it in its original container, labelled with your child's name.

8. Parent or guardian's name *

9. Your phone number during the trip *

10. Second emergency contact *

Someone we can call if we cannot reach you.

11. Second emergency contact’s phone *

12. Emergency treatment *

☐ If staff cannot reach me in an emergency, they may get medical treatment for my child.

13. Behaviour *

☐ I understand my child must follow the school’s rules during the trip.

14. Parent or guardian signature *

Signature

Date