



Field Trip Permission Form

Student Name: _____ Date of Trip: _____

Destination: _____ Staff member organizing Trip: _____

Departing from: _____ Departure Time: _____

Returning to: _____ Return Time: _____

Expenses/supplies needed for the trip are: _____

****NOTE: Refunds will not be given after (date) _____ (2 weeks prior to trip)**



Person who will pick your child from this event: _____

Contact number(s) for above named person: _____



In case of an emergency please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____



Name of child's physician: _____ Phone: _____

Insured's Name _____

Insurance Company: _____ Group #: _____

THIS FORM MUST BE COMPLETED AND ANY MONIES TURNED IN TO THE FIELD TRIP SPONSOR NO LATER THAN 3:30 PM ON THE FOLLOWING DATE:

(No later than 2 WEEKS prior to trip)

I agree to abide by all ARGS rules and regulations as stated in the Student Handbook, and understand that if I do not abide by them that disciplinary, and legal if necessary, action will be taken.

Student Signature: _____ Date: _____

I have completed the above information, and I give my child permission to participate in this activity. Further, I give the sponsors of this trip permission to obtain medical attention for my child should the need arise.

Parent/Guardian Signature: _____ Date: _____