

FIELD TRIP PERMISSION FORM
BURKE BASIC SCHOOL

_____ has [] / does not have [] my permission to participate in the following activity:

(Student name)

Field trip activity description and destination:

Food/water provisions. The school can provide sack lunch for same cost as school hot lunch:

School sack lunch []

My child will bring his/her own sack lunch []

Activity date:

Departure time:

Return time:

Transportation provisions:

My child and I understand that this is a school-sponsored activity. The rules, policies and procedures as outlined in the Governing Board Policy Manual and Parent Handbook of Burke Basic School apply to this activity and that any infraction of the established regulation may result in disciplinary actions. We also understand that in order for my child to participate he or she must meet all academic and behavioral expectations for the field trip. We further understand that the teacher or administrator may disqualify my child from attending the field trip based upon his/her academic and behavioral performance in the school.

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)

MEDICAL CONSENT

I, _____, Parent/Guardian of

(Parent/Guardian name)

(student name)

As indicated by my signature below, hereby authorize in advance any necessary medical treatment required while traveling to and from and while attending the activity referenced above. In the event of any incurred medical expenses, I will provide payment of these costs.

(Parent/Guardian Signature)

(Date)

In case of emergency, please contact Parent/Guardian at:

(Work phone #)

(Home phone #)

(Mobile Number)

(Alternate Contact Name)

(Phone #)

Medical notes and conditions to be aware of:

Teacher permission [] / denial [] to attend:

(Teacher Signature)

Administrator permission [] / denial [] to attend:

(Administrator Signature)