



**Field Trip Permission** This form is required for all field trips.

**Important Directions:** (efficient preparation and distribution includes): (1) complete only ONE form per trip, (2) complete the school portion (first page) of form, (3) duplicate *one form per student*, and (4) send a copy home for the parent's and student's signature.

**To Be Completed by the School**

**Field Trip Plan:**

\_\_\_\_\_ **Specific Trip**      \_\_\_\_\_ **Repeated Trips**

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

Room: \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

**Supervision: (Check one)**

Students will be directly supervised by adults on this trip.

Students will be directly supervised by adults on this trip with the following exception(s). (If space is insufficient, attach itinerary with explanation regarding supervision.)

\_\_\_\_\_

**Transportation: (Check all that apply)**

- |                |                |                    |                 |      |
|----------------|----------------|--------------------|-----------------|------|
| Walking        | School Bus     | Commercial Carrier | Private Vehicle | None |
| Leased Vehicle | County Vehicle |                    |                 |      |

**Drivers of Private or Leased Vehicles: (Check all that apply)**

- |        |                      |             |
|--------|----------------------|-------------|
| Parent | Teacher/Staff Member | Other Adult |
|--------|----------------------|-------------|

**Approval of Principal:**

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed at Home**

**Student Agreement:**

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

**Parent Permission:**

I give permission for \_\_\_\_\_ to participate in the field trip(s)  
(Name of Student)

described above. As the parent or guardian of \_\_\_\_\_, I understand and agree that in the event the Superintendent, or the Superintendent's designee, cancels our trip to \_\_\_\_\_ for any reason, we will not hold Prince William County Public Schools, the Prince William County School Board, or \_\_\_\_\_, or their employees or agents responsible for any  
(Name of School)

reimbursements of monies paid or invested in this trip.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Distribution: One copy of this completed form will be sent from the Principal to Parent/Guardian, Teacher, and School Office.

**STUDENT EMERGENCY INFO**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Please list any health problems that might be helpful to a physician when evaluating your child during an emergency.

\_\_\_\_\_

Please list any allergies to medications, etc. \_\_\_\_\_

Is the student currently taking any medication? If so, what type? \_\_\_\_\_

Emergency Authorization: The school has my permission in an Emergency to have my child transported to the Emergency Room of the nearest hospital. The hospital and medical staff have my authorization to provide treatment which a physician deems necessary for the well being of my child.

Parent Guardian phone home/cell number \_\_\_\_\_ home/cell number \_\_\_\_\_

Other emergency contact person \_\_\_\_\_ Phone Number \_\_\_\_\_

By signing this emergency form, I am granting permission for emergency services for my child.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_