

**SP-F SCHOOL DISTRICT
FIELD TRIP PERMISSION SLIP
PRE-K - GRADE 4**

Student's Name: _____ Teacher: _____

Destination: _____

Date: _____ Departure Time: _____ Return Time: _____

I hereby give permission for my son/daughter to attend the above scheduled trip. I am aware that all backpacks, duffel bags or personal luggage are subject to search, and I hereby consent to such search.

Parent/Guardian(s) Signature: _____

CONTACT NUMBERS DURING DURATION OF THE FIELD TRIP:

1. _____
Name Relationship to Student Phone Number

2. _____
Name Relationship to Student Phone Number

EMERGENCY CONTACT IF ABOVE PERSON(S) CANNOT BE REACHED:

Name Relationship to Student Phone Number

MEDICATION NEEDS:

Allergies (food/medication)

Will your student require medication or other health needs during this field trip? Yes ___ No ___

If yes, will you accompany your child on the trip to supervise health needs? Yes ___ No ___

If you cannot attend, please contact the school nurse as soon as possible to discuss options available to you and your child.

If you fail to notify the school nurse regarding special health concerns a minimum of 5 school days prior to the trip, the student will not be permitted to attend.