

TOWNSHIP HIGH SCHOOL DISTRICT 214

Field Trip Parent Permission Form

Course/Program: _____ Sponsor(s): _____

I give _____ (student name), ID# _____ permission
to participate in a school field trip to
_____ on
_____ (date) with their class and teacher(s) during periods _____ or from
_____ to _____ (time). Arrangements will be made at the cost of \$ _____ per student.

Please note below any special medical concerns that the sponsor needs to be aware of.

If your student has any special medical needs, please inform the sponsor prior to the date of the field trip.

In case of emergency, I can be reached at the following phone number: _____

Additional emergency contact names and phone numbers:

Name	Phone #

By signing below, I approve of my child participating in this field trip.

_____	_____	_____
Name of parent/guardian (printed)	Signature of parent/guardian.	Date

The student is responsible for meeting with their teachers to discuss material being covered on the day of the field trip. The teacher's initials indicate the discussion has taken place. If the teacher believes the student should NOT attend the field trip, state the reason in the "Teacher Comments" section or contact the trip sponsor. Note: comments may not necessarily prohibit a student from participating.

PERIOD	CLASS	TEACHER'S INITIALS	TEACHER COMMENTS
0			
1			
2			
3			
4			
5			
6			
7			
8			

Please return completed form to sponsoring teacher no later than _____ (date)