

**BAYFIELD SCHOOL DISTRICT**  
**Parent Field Trip Permission Form**

Dear Parent:

Your son/daughter \_\_\_\_\_ wishes permission to attend a field trip to \_\_\_\_\_

The purpose of the trip is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date (s) of the trip \_\_\_\_\_

Time of Departure \_\_\_\_\_ Time of Return \_\_\_\_\_

Method of Travel \_\_\_\_\_

Advisor/Teacher Signature \_\_\_\_\_

The Trip is Required \_\_\_\_\_ Voluntary \_\_\_\_\_

If your son/daughter has any medical disability, allergies, medication requirement, etc..., please list them below. PLEASE BE COMPLETE AND SPECIFIC.

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Other: \_\_\_\_\_

If emergency medical treatment is necessary, I agree to have my son/daughter taken to the nearest medical facility and to have medical attention rendered as deemed necessary by the attending physician. Family emergency contact name and phone numbers: \_\_\_\_\_  
\_\_\_\_\_

I have read the financial arrangements, the itinerary, medication forms and guidelines for Rules of Conduct for this trip and do hereby give my consent for the student named to participate on this trip.

Parent Permission Granted \_\_\_\_\_

Signature

Date

Principal Approval \_\_\_\_\_

Instructor Approval

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_