



Consent Form – All Field Trips Teacher Lead, Parent/Guardian

Teacher Leader Section

This is to advise that _____ School intends to involve your son/daughter in an off-campus activity. The particulars of the field trip are as follows:

Purpose: _____

Destination: _____

Arranged Supervision: _____

Date: _____

Transportation Plans: _____

Risks or Dangers: _____

Costs (if any): _____

For additional information, please phone the school at (_____) _____.

If you permit your son/daughter to participate in this activity, please sign and tear-off the portion below and return it to the school.

Parent/Guardian Section

Please note that your child will NOT be allowed to participate in this field trip unless this form is signed and returned to the school prior to the field trip taking place.

FIELD TRIP CONSENT FORM

Having understood and signed the Annual Field Trip Authorization – Emergency Medical Information Form FT 001 and having read and understood the particulars of this Consent Form – All Field Trips FT 005, I consent to and give permission for my child to participate.

Name: _____ Grade: _____

Destination: _____ Date of Field Trip: _____

Parent/Guardian Signature _____ Date _____

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VOLUNTEER SECTION

Would you like to volunteer for this field trip? Yes No

Your name: _____ Phone number: _____