

Monroe Public Schools
Field Trip Permission Form

School: _____

Date of Trip: _____

Departure Time: _____

Return Time: _____

Group/Class Taking Trip: _____

Destination: _____

❖ This form serves as the district's official notification for the parent(s)/guardian of students involved and, by signing, acknowledges the fact that the student's parent(s)/guardian approves of their child taking said trip. This form must be completed and signed before any student will be allowed to travel with the group.

Student's Name: _____ Grade: _____

Teacher: _____

Address: _____

Telephone # (Home): _____ Telephone # (Emergency): _____

Insurance Co.: _____

Name of Policy Holder: _____

Contract #: _____

Parental Acknowledgment:

I/We hereby give consent to allow our child to make this trip and further consent for any necessary emergency medical treatment and/or admission, to any hospital for my/our child.

Signatures:

Date: _____

Parent(s)/Guardian

❖ Return to Your Child's Classroom Teacher