

FIELDTRIP FACT SHEET



1. CLASS/GROUP PARTICIPATING: _____
2. FIELD TRIP TO (PLACE/LOCATION): _____
3. DATE(S): _____
4. DESCRIPTION OF THE ACTIVITY/CURRICULAR CONNECTION: _____
5. SCHOOL SUPERVISORS(S): _____
6. EMERGENCY CONTACT NUMBER: _____

FEE (IF APPLICABLE) _____ TRANSPORTATION _____

-----detach and return-----

FIELD TRIP PERMISSION SLIP

TRIP DATE(S): _____ STUDENT'S NAME: _____

I HAVE PROVIDED SUITABLE INSURANCE AND CONTACT INFORMATION BELOW. DURING THIS SCHOOL TRIP, I CONSENT TO THE EMERGENCY TREATMENT OF MY SON/DAUGHTER IN CASE OF ILLNESS OR INJURY IF NECESSARY.

SIGNED(BY PARENT/GUARDIAN) _____ DATE _____

STUDENT CONTACT INFORMATION

STUDENT'S CELL PHONE NUMBER# _____

PARENT/GUARDIAN CONTACT INFORMATION:

DAYTIME TELEPHONE#'S (1) _____ (2) _____

STUDENT HEALTH/SAFETY AND INSURANCE INFORMATION:

HEALTH OR SAFETY CONCERNS-THINGS CHAPERONES SHOULD BE AWARE OF (allergies, medications and/or recent illnesses): _____

MEDICAL INSURANCE PROVIDER: _____

SUBSCRIBER NAME: _____ PLAN# _____