

# 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# \_\_\_\_\_