

FIELD TRIP PERMISSION FORM

School Name FCA Address 300 W. Most City Wauconda

Destination: Feed My Starving Children

Date 1-29-2020 Grade/Class 3rd-5th

Departure Time: 1130 Return Time: 230

Teacher/Supervisor Classroom Teachers

EDUCATIONAL PURPOSE OF THE FIELD TRIP

Service

Please note the following:

Students will wear school uniforms.
 Students may wear casual clothes suited for the field trip and in accord with school dress code.

Students will bring their lunches labeled with name/grade
 Lunch will be provided for the students.

Students may purchase lunches at their own expense.

Other: _____

Transportation:

Bus – provided by DHS

Public – provided by _____

Walking Route: _____

Other: _____

Print first and last name of student on line below

I/we, the parent(s)/guardian(s) of _____ request that the school permit my/our son/daughter to participate in this field trip as described above. I/We understand that this is an educational trip and a valid extension of the classroom experience. In consideration of the making of arrangements by the school, I/we release and save harmless the school and any and all school personnel from any and all liability for any injuries, loss, or other claims arising or resulting from the trip.

Print first and last name of Mother/Guardian:
Father/Guardian:
Mother/Guardian _____
Father/Guardian _____

Print first and last name of

Mother/Guardian Signature _____

Father/Guardian Signature _____

Date _____

Date _____

Note: Teachers will have each student's Medical and Emergency Notification Authorization for Medical Treatment on the trip.

Cost of Field Trip 0 Due on or before 1-24-2020

Please place the permission form and the required fee in an envelope. Include student's name, grade, and room number.