

**FIELD TRIP PERMISSION FORM**

School Name FCA - Wauconda Address 316 W. Mill St City Wauconda  
Destination: Feed My Starving Children  
Date 5/22/19 Grade/Class 3rd-5th  
Departure Time: 11:30 Return Time: 2:30  
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 Wauconda  
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:*

*Print first and last name of*

**Father/Guardian:**

Mother/Guardian \_\_\_\_\_

Father/Guardian \_\_\_\_\_

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 5/17/19

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