



Form 405B - FIELD TRIP PERMISSION FORM

Grade/Class: _____ Teacher Contact: _____
Destination: _____
Departure Date: _____ Departure Time: _____
Return Date: _____ Return Time: _____
Approx. No. of Students: _____ Approx. No. of Teachers/Supervisors: _____
Cost per student: _____

Purpose of trip: _____

Description of activities/itinerary (attach separate sheet if necessary): _____

Inherent Risks of Participating (including, but not limited to): _____

Transportation

School Bus City Transit Commercial Carrier Rented Vehicle
 Foot Private Vehicle

Driver

Contract Driver Authorized Adult Commercial Driver Teacher

_____ Admin Approval

PARENT / GUARDIAN CONSENT:

I have read the description of activities, understand that there are inherent risks attached to this activity and accept these risks. I also understand that all of the requirements of the school Student Handbook apply while students are on field trips, and I will repay the school for costs if it is necessary to send this student home by means other than as stated above.

Consent is given for (name of student) to participate and travel as described.

Name: _____

Student BC Medical #: _____

Current Medical Concerns, allergies, medications: _____

Parent/Guardian Signature: _____

Date: _____