

PARENTAL PERMISSION FOR FIELD TRIP

Jackson-Madison County Board of Education

_____ has my permission to make an off-campus

Name of student

field trip with _____ to

Name of teacher/group

_____ .
Destination

I understand that the purpose of the trip is _____

_____ ;

that students will depart _____ at

Name of School, etc.

_____ on _____ and will return at _____ on _____ ;

Time

Date

Time

Date

That they will travel by _____

Vehicle

accompanied by _____ chaperones; and that the personal expense of each child is

Number

_____ .

Amount

Rules of conduct are in the student handbook. Please go over these rules with your child prior to the field trip. Signature indicates that the parent/guardian gives emergency medical authorization to school personnel.

Signature of Parent

Date

Emergency Telephone Number

To be completed by school prior to the signature of parent.