

PARENTAL PERMISSION FOR FIELD TRIP
HUNTINGDON SPECIAL SCHOOL DISTRICT

Student: _____ Number of Chaperones: _____

Name of Group: _____ Personal Expense of Trip: _____

Destination: _____ Date of Trip: _____

Purpose of Trip:

Departure Place/Time: _____

Arrival Place/Time: _____

Method of Transportation: _____

Rules of Conduct and Penalties for Violation:

As the parent/guardian of the student noted above, I grant permission for the student to make an off-campus field trip with the specified school organization. I accept and understand all the details of the trip. In case of accident, injury, or illness, I hereby authorize the student's teacher to take the above named student to a physician or the emergency room of a hospital.

(Signature of Parent/Guardian)

(Emergency Telephone Numbers)

(Date)