Field Trip & Activity Permission Slip

Trip Details

is organizing the following trip or activity:

- Activity or destination: [name and address]
- Date: [date]
- Departure time and place: [time and place]
- Return time and place: [time and place]
- Transportation: [school bus, chartered bus, parent drivers, walking]
- Cost: [amount, or "no cost"]
- What to bring: [lunch, water, clothing, money, forms of ID]
- Group leader and phone: [name and phone number]

Permission

I am the parent or legal guardian of the child named on this form (the "Child"). I give permission for the Child to take part in the trip described above and to travel to and from it with the group by the transportation listed. I understand that the details above may change for reasons such as weather or safety, and that will tell me about any significant change.

Supervision and Behavior

The Child will be supervised by staff and adult volunteers of . I understand that the Child must follow the instructions of the group leaders, stay with the group and follow the rules of the place being visited. If the Child's behavior puts themselves or others at risk, may contact me to collect the Child early at my own cost and responsibility.

Early pickup: if I or another adult will collect the Child before the group returns, I will tell the group leader in advance and the adult will show photo ID. Adults allowed to collect the Child: [names].

Risks of the Activity

I understand that trips and outings involve some risk, such as slips, falls, minor injuries, insect stings, sunburn, motion sickness and the ordinary risks of travel by road. will take reasonable care to keep the children safe, but cannot remove every risk. I accept these ordinary risks on behalf of the Child, except for injury caused by the negligence of , its staff or volunteers.

Health Information

I have listed the Child's allergies, medical conditions, dietary needs and medications on this form. I agree that:

- the Child's medication will be provided in the original container with clear instructions;
- I will tell before the trip if the Child's health changes or the Child is unwell; and
- the information I give may be shared with staff, chaperones and medical providers as needed for the Child's care.

Emergency Medical Treatment

If the Child is injured or becomes ill and I cannot be reached, I authorize the group leader to seek medical care for the Child and I consent to examination, treatment, medication and emergency procedures that a licensed medical provider considers necessary. I agree to pay the reasonable costs of that care that are not covered by insurance. will try to contact me or my emergency contact as soon as possible.

Photos

may take photos or videos during the trip for use in newsletters, websites, social media and reports to families. I will tell in writing if I do not want the Child to appear in published photos or videos.

Signature

By signing, I confirm that the information on this form is accurate, that I have read the trip details and rules, and that I give the permissions above. This permission covers only the trip on the date listed.

Please initial each statement

___ I give permission for my child to attend this trip and travel with the group as described.

___ I have listed my child's allergies, medical conditions and medications, and will report any changes before the trip.

___ I authorize emergency medical treatment for my child if I cannot be reached.

___ I understand that my child must follow the group leaders' instructions and may be sent home for unsafe behavior.

_____
Participant full name

_____
Date

_____
Phone

_____
Email

_____
Emergency contact name & phone

_____
Name(s) of minor participant(s)

_____
Parent / guardian name

_____
Signature