

Orange Township Public Schools

STUDENT FIELD TRIP PERMISSION FORM

STUDENT NAME: _____
Has my permission to go on the field trip listed below.

FIELD TRIP: _____

DESTINATION: _____

TRIP DATE: _____ TIME LEAVING: _____ TIME RETURNING: _____

PARENT/GUARDIAN SIGNATURE: _____

EMERGENCY TELEPHONE CONTACTS

HOME PHONE: _____ CELL: _____ WORK: _____

I grant permission to treat my child in case of a medical emergency: YES: _____ NO: _____

CUT HERE -----CUT HERE

(PLEASE RETURN THE TOP PORTION OF THIS FORM AND KEEP THIS HALF AT HOME IN A SAFE PLACE.)

RETURN THIS PERMISSION SLIP TO: _____

FIELD TRIP: _____

DESTINATION: _____

TRIP DATE: _____ TIME LEAVING: _____ TIME RETURNING: _____

SCHOOL MAIN OFFICE: _____

STAFF SUPERVISING TRIP: _____

SCHOOL PRINCIPAL: _____
(Name & Contact Phone)

Parents will be notified by the school of any unusual delays that will cause your child to return late from the trip. Please make certain that your emergency numbers are accurate and the school official will be able to contact you in case of emergency on the day of the trip. We reserve the right to hold a student back from the trip due to behavioral difficulties he/she may be having.