

**Franklin Phonetic Primary School  
Field Trip Permission Form**

Please complete and return this form by in order to participate in the field trip described below.

Field Trip Information	
Teacher	
Destination	
Participation Costs/Fees	
Important Notes/Supplies	

Student Information	
Student's Name	
Emergency Contact 1 Name/Phone	
Emergency Contact 2 Name/Phone	

Please indicate any medical concerns or other concerns the school should be aware of during the trip

Parent/Guardian Signature	
Full Name (Print)	
Signature	
Date	

Participation Permissions	Initials
<p>I give permission for my child to participate in this field trip.</p> <p><i>As such, I acknowledge I am aware of:</i></p> <ul style="list-style-type: none"> <li>✓ Risks including but not limited to slips, falls, pinches, scrapes, twists, bruises, sprains, or more severe injuries.</li> <li>✓ Potential hazards associated with travel to and from the field trip site.</li> <li>✓ Possible contact with plants, animals, or insects that could result in stings, and/or allergic reactions</li> </ul> <p><i>Further, I confirm I have provided:</i></p> <ul style="list-style-type: none"> <li>✓ Appropriate and available emergency contact information for the duration of all field trip and travel hours.</li> <li>✓ All necessary medical information, including a list of allergies, instructions, and medications to the appropriate school staff to ensure adequate care is available while my student is under their supervision.</li> </ul>	
<p>I do not give permission for my child to participate in this field trip.</p>	