

**Brunswick School System**  
**FIELD TRIP PERMISSION FORM**

Dear Parents:

As part of our study of \_\_\_\_\_, our class/club/group is planning a field trip to \_\_\_\_\_. We plan to go on \_\_\_\_\_ and expect to leave the school at \_\_\_\_\_, returning at approximately \_\_\_\_\_

We will/will not be needing a lunch. Transportation for this field trip will be by:

- walking                       bus                       private

In order for your child to participate on this field trip, this form must be signed and returned to the school by \_\_\_\_\_. Without this form, your child will not participate, and will be provided with an alternative instructional setting.

\_\_\_\_\_  
(Teacher/Sponsor)

-----DETACH-----

I hereby give permission for my child, \_\_\_\_\_, to participate in this field trip.

I agree to provide my own health/accident insurance in the event that my child sustains an injury while participating in the field trip, and further understand that the Brunswick School System does not provide medical insurance for this purpose.

In the case of accident or serious illness to my child, I request and hereby authorize school employees to administer such medical assistance or to transport my child to a physician or hospital for emergency care. I expect to be informed of my child's condition and of the treatment provided as soon as possible.

List any illness or condition that your child has that may affect him/her during the field trip: \_\_\_\_\_

List any medication your child requires during the field trip: \_\_\_\_\_

Telephone number where you can be reached during this field trip: \_\_\_\_\_

LUNCH: bring own? \_\_\_\_\_ school bag lunch? \_\_\_\_\_  
grades K-8 only                      yes                      no                      yes                      no

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_ Yes, I am available to chaperone. Please call me if you need me.

- I do                       I do not give my child permission to participate in the above trip.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date