



DELAWARE 4-H FIELD TRIP PARENTAL PERMISSION FORM

The _____ 4-H club/Extension youth group is planning a field trip. Please review the following trip details and complete, sign, and return the bottom portion of this form to the club leaders no later than _____ (due date).

Field trip to _____

Date of trip _____ Time and place of departure _____

Mode of transportation _____

Leader in charge _____ Phone _____

Cost of trip _____ Members should bring _____



(Child's name) _____ has my permission to participate in the 4-H field trip to _____ on _____.

During the activity I may be reached at:

Address _____ Phone _____

If I cannot be reached in the event of an emergency, the following person is authorized act in my behalf:

Name _____ Phone _____

Relationship to participant _____

Physician's name _____ Phone _____

Other comments _____

During the fiend trip, my child will need the following medication _____ administered at (time) _____.

Signature of volunteer administering medication _____ date/time _____

Signature of parent/legal guardian _____ date _____

Clubs may choose to use the 4-H Health Form for additional health and emergency information.