



Bethany Public School District Field Trip Permission Slip 2015-2016

This form MUST be completed in its entirety in order for the student to attend this trip.

Student's Name:

Homeroom Teacher: Grade:

Please return this completed form to the Homeroom Teacher no later than:

Trip Information

Destination/Location of Trip:

City: State:

Date of Trip:

Departure Time: Return Time:

Purpose of Trip:

Method of Transportation: Bus Car Transportation Provider:

Lunch: Bring Bag Lunch Purchase at Location
 Included in Cost of Trip Not Applicable

Student's Cost of Trip/Event: Check/Money Order payable to "BCS Student Activity Fund."

Extra Money Day of Trip For: Food Gift Shop Other Not Applicable

Student Emergency/Medical Information

Emergency numbers to reach parent(s)/guardian(s) on the date of the trip.

Phone Number 1

Phone Number 2

Phone Number 3

Medical Issues:

Medications

The student listed on this permission slip has my/our permission to participate in this field trip. I hereby permit the Bethany Public School District and its employees to apply emergency medical measures and absolve the Bethany Public School District, its employee and the Bethany Board of Education of any liability.

Signature of Parent/Guardian:

Date: