

# FIELD TRIP PERMISSION FORM

**What:** City Museum tour

**Where:** City Museum, 701 N. 15<sup>th</sup> Street, St. Louis, MO

**Who:** QUEST

**Date:** Tuesday, June 12th

**Departure Time:** 10:00am

**Return Time:** 3:00pm.

**Lunch:** Bring sack lunch or \$\$\$ to purchase at snack bar

**Cost:** no extra cost

**What to wear:** Comfortable clothes and tennis shoes

**Other Information:** Students will explore the museum with their group and QUEST facilitator

**\*\* We welcome parent chaperones, please let us know if you are interested in attending\*\***  
(Parent chaperones must have a background check on file with FHSD.)

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name: \_\_\_\_\_

\_\_\_\_ I give permission for my child to attend the field trip to

\_\_\_\_ I do not want my child to attend the field trip to **the City Museum**. I understand that I will need to make arrangements for alternate care and I will not be charged tuition for this day if I return this slip.

\_\_\_\_ I would like to be a chaperone on the field trip and I have an FHSD background check on file.

In case of emergency please call \_\_\_\_\_ at the following number: \_\_\_\_\_

I can be reached at this phone number on that day: \_\_\_\_\_

**Will your child need to take medication while on the field trip?:** YES NO

If yes, please list medication and times ( a doctor's note must be on file):

**Any Allergy/health concerns?** \_\_\_\_\_