



FIELD TRIP PERMISSION FORM

The students in the _____ class will be attending a field trip to

_____ Date

The students will leave the designated Polytech Campus: (check one)

Central **Bartles**

Special Instructions: _____

Please return permission slips by: _____

_____ **Home High School Name**

_____ **Student Name & ID#**

_____ **Student Cell Phone #**

_____ has my permission to participate in this event

PARENTAL/GUARDIAN AUTHORIZATIONS

Will your child need to take any (special) medications (Epipen, Inhaler, prescription drugs) while on the trip?

If YES, please list. _____

In the event of a **MEDICAL EMERGENCY**, I give my permission for my child to receive EMERGENCY MEDICAL TREATMENT.

_____ **Parent/Guardian Signature**

_____ **Date**

Parent Work # () _____

Parent Cell # () _____

Parent Home () _____

Please provide the name of the person you are authorizing to pick up and transport your child, if this field trip is scheduled to return to school after normal school hours.

Name of Authorized Person _____

FOR STUDENTS:

An Academic Eligibility Release Form is on the **REVERSE SIDE** of this permission form. Each student **MUST** have this form completed before they will be permitted to attend any school field trip/other.

Academic Release Form

Student is responsible for obtaining teachers' signatures in the classes that will be missed due to a field trip/other. If student is academically ineligible or is in jeopardy of failing your class, please comment:

Signature of Period/Block 1 teacher _____

Signature of Period/Block 2 teacher _____

Signature of Period/Block 3 teacher _____

Signature of Period/Block 4/ teacher _____

Signature of Period 5 teacher _____

Signature of Period 6 teacher _____

Signature of Period 7 teacher _____

Signature of Period 8 teacher _____

Signature of Period 9 teacher _____