

PARENTAL PERMISSION FOR FIELD TRIP

Jackson-Madison County Board of Education

_____ has my permission to make an off-campus
Name of student

field trip with _____ to
Name of teacher/group

Destination

I understand that the purpose of the trip is _____
_____ ;

that students will depart _____ at
Name of School, etc.

_____ on _____ and will return at _____ on _____ ;
Time Date Time Date

That they will travel by _____
Vehicle

accompanied by _____ chaperones; and that the personal expense of each child is
Number

Amount

Rules of conduct are in the student handbook. Please go over these rules with your child prior to the field trip. Signature indicates that the parent/guardian gives emergency medical authorization to school personnel.

Signature of Parent

Date

Emergency Telephone Number

To be completed by school prior to the signature of parent.