

OXFORD PUBLIC SCHOOLS

FIELD TRIP PERMISSION FORM

Parents/Guardians: Please complete the bottom portion of this Permission Form and return the entire Form, along with your payment (if applicable), to the School by: _____.

SCHOOL/TEACHER: _____

DAY AND DATE OF TRIP: _____

DEPARTURE TIME: _____ **RETURN TIME:** _____

FIELD TRIP DESTINATION: _____

ADDRESS: _____

DESCRIPTION OF TRIP: _____

STUDENT COST: \$_____

****TO BE COMPLETED BY PARENT/GUARDIAN****

I, _____, hereby give permission for my student,
(Printed Name of Parent/Guardian)

_____, to participate in the above-described
(Printed Name of Student)

field trip. I have indicated below my student's physical or medical conditions (e.g. allergies):

I may be reached at the following telephone number: _____

In the event that I cannot be reached, please contact the following Emergency Contact:

(Printed Name of Emergency Contact) *(Telephone Number)*

Student's Medical Insurance Number: _____

Type: _____ Carrier: _____

Primary Care Physician: _____ Telephone: _____

I understand, and have shared with my student, that all school rules are in place for the duration of the field trip. *(Please refer to the School Handbook for the Code of Conduct for students.)*

(Parent/Guardian Signature) *(Student's Signature)*