STUDENT TRIP PERMISSION SLIP

STUDENT NAME: _____

CLASS: _____ TEACHER: _____

DATE OF TRIP: _____ DESTINATION: _____

DEPARTURE TIME: _____ RETURN TIME: _____

TRANSPORTATION PROVIDED BY: _____ COST: _____

REASON FOR TRIP/LEARNING TARGET BEING ADDRESSED ON THIS TRIP:

_____

STUDENTS, it is your responsibility to complete all course work on time for any classes missed. Please dress and behave appropriately to the standards of the site visited.

I will adhere to this standard: _____ (STUDENT SIGNATURE)

- ☐ 1 HOUR: _____ TEACHER SIGNATURE: _____
- ☐ 2 HOUR: _____ TEACHER SIGNATURE: _____
- ☐ 3 HOUR: _____ TEACHER SIGNATURE: _____
- ☐ 4 HOUR: _____ TEACHER SIGNATURE: _____
- ☐ 5 HOUR: _____ TEACHER SIGNATURE: _____
- ☐ 6 HOUR: _____ TEACHER SIGNATURE: _____
- ☐ 7 HOUR: _____ TEACHER SIGNATURE: _____

BECAUSE OF THE REASON LISTED BELOW, I, _____ (teacher name) RECOMMEND THAT YOUR STUDENT DOES NOT GO ON THIS TRIP:

_____

PARENT NAME: _____ I APPROVE FOR MY STUDENT TO GO:

PARENT SIGNATURE: _____ PHONE #: _____

PARENTS, please list any known allergies, medical conditions or medications that may be important in an emergency situation: _____