

Field Trip Parental Authorization Form
TYPE II FIELD TRIPS

School Immanuel Courtland

A field trip to:

is planned by:

for the purpose of :

on (dates)

from to

The attached form must be completed and returned before your son/daughter can participate in the above field trip.

Detach and return

Field Trip Parental Authorization

Student's name

School

Does your son/daughter have any special health problems or handicapping conditions

Which will require special attention or supervision on the field trip?

Yes _____ No _____

If yes, what is the problem and what special considerations should be made?

We understand that the necessary arrangements, plans, and precautions will be

taken for the care and supervision of the student during the trip.

I/we authorize _____ to participate in the field trip

to _____ on (date) _____

Telephone No. Home _____

Work _____

Date _____

Signature – parent/guardian