

**West Carroll Special School District
Parental Permission for Field Trip**

_____ has my permission to make an off-campus field

_____ to _____
(Teacher) (Destination)

I understand the purpose of the trip is _____
_____;

that students will depart from _____ at
(Name of school, etc.)

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

that they will travel by _____ accompanied by _____
(Vehicle) (Number)

chaperones; and that the personal expense of each student is _____.
(Amount)

In case of accident, injury or illness, I hereby authorize the student's teacher to take the above named student to a physician or the emergency room of a hospital.

Rules of conduct for the trip are attached.

(Signature of Parent)

(Date)

(Emergency Telephone Number (s))

To be completed by school prior to the signature of parent