

**M.S.A.D. 75  
SCHOOL  
FIELD TRIP PERMISSION FORM**

Dear parent/guardian,

Your child's class will be going to \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade(s):

Teacher(s):

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_ Purpose: \_\_\_\_\_

**NO** lunch needed  **YES** Bag Lunch will be needed; *Teacher if checked "yes" and lunch will be needed for this field trip please attach lunch request form to be sent home, filled out, and returned with permission slip.*

**Additional information/ What to bring:**

This form **MUST** be signed and all paperwork returned by \_\_\_\_\_ in order for your child to participate in this field trip. Thank you.

*Parent, please fill out below, detach here and return the bottom of the page to the teacher.*

---

Field trip to: \_\_\_\_\_ on: day \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check box that applies:

I hereby give permission for my child, \_\_\_\_\_ to participate in this field trip.

In the case of accident or serious illness to my child, which, in the judgment of responsible school officials requires immediate action, I request and hereby authorize school employees to administer such medical assistance or to transport my child to a physician or hospital, as they deem appropriate to the situation. I also authorize any physician or hospital employee to administer such medical treatment for my child, as they deem necessary and appropriate to the situation. I will not hold any school employee, physician or hospital employee responsible for the consequences of exercising these powers, so long as such persons act in good faith with the best interests of my child in mind. I expect to be informed of my child's condition and of the treatment provided as soon as possible. I understand that M.S.A.D. No. 75 does not provide medical insurance for field trips.

I do NOT give permission for my child, \_\_\_\_\_ to attend this field trip.

Please be advised that my child has an individual healthcare (i.e.: Allergy Action Plan or Asthma plan) plan with the school nurse that needs to accompany my student on this trip.

\_\_\_\_\_  
Parent /Guardian sign and print Date: \_\_\_\_\_

Telephone number where I can be reached during this trip: \_\_\_\_\_

Teachers please check here if a chaperone is needed  **NO** Chaperone needed  **YES**, please

Please give name if yes is checked and you wish to chaperone: \_\_\_\_\_ Phone \_\_\_\_\_