

CRAIG HIGH SCHOOL FIELD TRIP PARENTAL PERMISSION

The following information is to be provided prior to the student's participation in the field trip. Failure to submit this completed form will mean that the student may not take part in the field trip. He/She will be given an alternative activity.

Teacher: _____ Field Trip Date: _____

Destination: _____ Cost per student: _____

Student's Name: _____ Date of Birth: _____

Parent's Name: _____

Home phone: _____ Work phone: _____

Emergency Contact: _____ Phone: _____

If emergency medical attention is necessary, I agree to have my son or daughter taken to a medical facility to receive medical attention as deemed necessary by the attending physician.

**I HEREBY GIVE MY PERMISSION FOR MY SON OR DAUGHTER
TO PARTICIPATE IN THE ABOVE MENTIONED FIELD TRIP.**

Parent / Guardian Signature

Date