

CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT NO. 4

Champaign, Illinois

FIELD TRIP PERMIT

(School)

(Student's Name)

(Teacher/Sponsor)

(Telephone Number)

PARENTS/GUARDIANS:

A field trip to _____ is planned for _____
(Class or group)

on _____ The trip will begin at _____ a.m./p.m. and return at _____ a.m./p.m.
(Date)

(SEE REVERSE IF RETURN TIME IS LATER THAN NORMAL DISMISSAL TIME.)

Students are going by: _____ Unit 4 bus _____ Private Car _____ Walking
_____ MTD _____ Van _____ Other _____

PARENTS/GUARDIANS APPROVAL:

I give my permission for _____ to participate in the field trip described above.
(Student's name)

(Parent's/Guardian's Signature)

(Date)

FOR OUT-OF-TOWN TRIPS ONLY

In a medical emergency your child will be taken by ambulance to the closest hospital or trauma center. All medical fees are the parents' responsibility.

Your permission is requested for the teacher or principal to sign any medical forms which are needed. This will assure that treatment of an injury can begin as soon as possible. Please sign this request, thereby granting your permission for school personnel to act on your behalf in the case of a medical emergency. Every effort will be made to contact parents prior to exercising the authority contained in this form.

Student: _____ Grade: _____ School: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Comments: (emergency nos./health concerns) _____

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Champaign, Illinois

RETURN TIMES AFTER NORMAL DISMISSAL TIMES

PARENT/GUARDIAN ACKNOWLEDGEMENT AND DIRECTIONS

I realize _____ will be returning to the school from the field trip after normal
(Student's name)
dismissal hours.

- I agree to pick _____ up at the school.
(Student's name)
- My child lives within walking distance from school, and I direct that he or she walk home.
- Other (Specify) Example:

“My son/daughter will ride home with _____.”
“_____ will be picked up by his/her brother, etc.”

I agree it is my responsibility to pick up my child or otherwise make arrangements for his/her transportation home from school after the field trip. I understand school staff members should not be required to stay at school for substantial periods of time upon the students return to school from the field trip, and I agree to be punctual in the transportation arrangements of my child.

Signature of Parent's/Guardian