

Education and Workforce Development Cabinet
Office of Career and Technical Education

Field Trip Permission Form

School: _____ School Year: _____

Name of Activity: _____

I hereby give permission for: _____

To participate in a trip to: _____

Date(s) of Trip: _____

Overnight Trip*: Yes No _____

The bus will depart from: _____

At (Time of Departure): _____

And will return to the above location at (Date and Time): _____

I understand that a teacher and/or advisor will supervise the students while
on this trip. I, in no way will hold _____

Area Technology Center or staff accountable for any mishaps on said trip.

Signature of Parent/Legal Guardian: _____	_____
Date: _____	_____

Primary Contact Name: _____
Phone Number: (Cell) _____
(Work) _____

Alternate Contact Name: _____
Phone Number: (Cell) _____
(Work) _____

The completion and return of this Field Trip Permission Form constitutes legal parental consent for the student to participate in a school sponsored and chaperoned event.

Note: If this is an overnight trip request and there are students of both genders participating, teachers and/or advisors of both genders are required.

Equal Education and Employment Opportunities M/F/D