

**Octorara Area School District  
Field Trip Permission Form**

**Child's Name:** \_\_\_\_\_

**Teacher/Advisor for Trip:** \_\_\_\_\_

**Trip Name/Destination:** \_\_\_\_\_

**Departure Date of Trip:** \_\_\_\_\_ **Return Date of Trip:** \_\_\_\_\_

**Estimated Departure Time:** \_\_\_\_\_ **Estimated Return Time:** \_\_\_\_\_

**Mode of Transportation: (Circle One)    Bus    Van    Car    Other (Specify) \_\_\_\_\_**

**Parental Contact Information During Trip Hours:**

**Parent/Guardian Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cellular Phone:** \_\_\_\_\_

**Emergency Contact Information (In Case Parent Is Unavailable)**

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cellular Phone:** \_\_\_\_\_

**Medical Information**

**Allergies and/or Special Medical Conditions:** \_\_\_\_\_

**Medications Student is Taking:** \_\_\_\_\_

**Do you give consent for a school district representative for this trip to seek medical attention in the event of an emergency? (Please Circle)            Yes            No**

**Transportation Home:**

**If the trip is scheduled to end after the child's normal school day will this student be taking a late bus, or will the parent be responsible for transportation home? (Please Circle)**

**Bus                                  Parent                                  Other: (Please Specify) \_\_\_\_\_**

**Special instructions to parents/guardians (e.g. – proper attire, admission fees, meal arrangements, etc.)**

\_\_\_\_\_

**I acknowledge that the Octorara Area School District is not responsible for damage to or loss of students' personal property during field trips and damages caused to property by the student will be the responsibility of the student, parent, and/or guardian to make restitution.**

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**