



# FRANKLIN COUNTY SCHOOL DISTRICT

## Field Trip Permission Form

Your child's class will be attending a field trip to: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Cost: \_\_\_\_\_

Transportation: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please cut along the dotted line and return the permission slip by \_\_\_\_\_

.....

I give permission for my child \_\_\_\_\_

To attend the field trip to \_\_\_\_\_

On \_\_\_\_\_ from \_\_\_\_\_

Enclosed is \$\_\_\_\_\_ to cover the cost of the trip.

(Please send exact cash or check made payable to the school.)

I assume full responsibility for my child's behavior. I have reviewed the trip arrangements. I understand that the Franklin County School District cannot and shall not be held responsible for events, acts, and conditions beyond their direct control. The Franklin County School District is released from all liability for such acts.

In case of emergency, I give permission for faculty/staff to seek and for my child to receive medical treatment.

Insurance Information: \_\_\_\_\_

In case of such an emergency, please contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_