

## FIELD TRIP CONSENT FORM

**Conditions of Field Trip:**

The field trip supervising personnel are made aware that your child has asthma or life-threatening allergy.

This parent or their designated supervising adult will be responsible for the student on the trip.

This parent or their designated supervising adult is responsible for bringing the emergency medication on the field trip or assuring an authorized student carries the medication with them.

In the event of an emergency, this parent or their designated supervising adult will be able to follow the Emergency Care Plan

**Statement of Permission:**

I have read the above conditions of the field trip and **give** permission for

\_\_\_\_\_ (student's name) to attend the field trip to  
\_\_\_\_\_ on \_\_\_\_\_ (date).

**Indicate who will be responsible for your child on the field trip.**

I will accompany my child on the field trip:

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

OR

I have designated a supervising adult that has agreed to be responsible for my child.

Designated Supervising Adult: \_\_\_\_\_

**Further Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**Statement of Refusal:**

I **do not** give permission for \_\_\_\_\_ (student's name) to attend the field trip  
to \_\_\_\_\_ on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date