



TCPS Field Trip Permission Form

This form **must** be completed in full, signed and returned to the school/teacher before a student may participate in any field trip. All field trips are subject to the approval of the building principal and/or building manager. All students/chaperones are expected to adhere to all school rules on off-campus field trips.

Date of trip: _____ **Trip Location:** _____

School Name/Address: _____

Destination/Details: _____

Time of Departure: _____ **Time Returning:** _____ **Cost per student:** _____

Please complete the bottom portion of this form and return to school and/or teacher.

I agree that if my child at any time creates or is involved in a situation whereby the teacher-in-charge, or his/her designee, deems it advisable for my child to be sent home, I will assume all responsibilities, including costs, for arranging transportation home and other charges involved. All students must be transported with the entire school group unless prior written approval is granted.

Special Instructions and/or medications:

Student Name: _____

Parent/Guardian Signature: _____

Date: _____

Emergency phone numbers: Day _____ Evening _____ Cell _____

Other contact persons/numbers:

Emergency Medical Treatment Release:

This authorizes any licensed physician and/or licensed hospital or medical facility to render emergency medical treatment to (**student name**) _____.

This student is **allergic** to the following medications:

Parent/Guardian signature: _____ **Date:** _____