



CLARA MOHAMMED SCHOOL OF STL FIELD TRIP PERMISSION FORM

Our class has a field trip coming up! According to school's policies we must obtain parent permission before every off-campus field trip. Please complete this form and return it to the school as soon as possible. Please also return the amount due per student (if applicable) with the form. Please make checks payable to the school.

Field Trip Information *To be completed by the school*

Destination			Field Trip Date
Cost Per Student	Location	Permission Slip Due By	Transportation
			<input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Other: Click here to enter text.
Educational Purpose of Trip			
Other Notes From School			

Student Information *To be completed / verified by the parent*

First Name	Last Name	Grade Level
In case of emergency, contact 1	In case of emergency, contact 2	In case of emergency, contact 3
Health Concerns Pertinent To This Trip (list any medication student takes)		

Parent Statement

Parent Signature	Date

I hereby grant permission for my child to attend the above reference field trip. I authorize the school to transport my student using the method described above. Furthermore, I authorize school staff to obtain medical treatment for my child, which includes required emergency transportation, in case of serious illness or injury. I understand that the trained school employees who usually dispense medications may not be present during this trip, and that medications will instead be dispensed by another responsible staff member. Further, I understand that all code of conduct and student rules apply to my child while they are attending this school sponsored field trip.