

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Teacher/Sponsor of Trip: \_\_\_\_\_ Cost: \_\_\_\_\_  
 Date of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_  
 Arrive at School no later than: \_\_\_\_\_ Time Leaving: \_\_\_\_\_ Time Returning: \_\_\_\_\_  
 Lunch Information: \_\_\_\_\_

Money and Permission Slip Due By: (Make checks payable to the school)  
 Parent Chaperones are Needed: Yes  No  (Contact sponsor of trip if interested in helping)

Sponsor Comments:

**PARENTS ARE TO KEEP THIS PART OF FORM**

=====

**PLEASE RETURN THIS PART OF FORM**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby give my permission for my student to participate in the school-sponsored trip listed above. I understand that if the departure or arrival time is outside the regular bus schedule, I will provide transportation to and/or from school. School sponsored trips are part of the school program and therefore staff and chaperones are responsible for reasonable and prudent supervision of students. Students are held to the same codes of conduct for the duration of the trip as if they were in school.  
 In the event that my student should require emergency medical care at any time that he/she is under the supervision of the Cecil County Public Schools or any of its employees or agents, I give my full permission for emergency medical care to be rendered. I understand that every reasonable attempt will be made to reach me at the telephone numbers listed below, but that no emergency care will be delayed or withheld because of an inability to promptly contact me.

Parent/Guardian's Daytime Phone Number (the day of the trip): \_\_\_\_\_

Parent/Guardian's Cell Phone Number: \_\_\_\_\_

Other Emergency Contacts:

- |    |       |                         |              |
|----|-------|-------------------------|--------------|
| 1. | _____ | _____                   | _____        |
|    | Name  | Relationship to Student | Phone Number |
| 2. | _____ | _____                   | _____        |
|    | Name  | Relationship to Student | Phone Number |

List any medical concerns, allergies, other pertinent health information or any medications that may be necessary during the trip. (Medications will be administered by the classroom teachers. Appropriate forms must be completed.) \_\_\_\_\_

**If someone other than yourself is picking up your student, please put the name and phone number below.**

Name of Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Parent/Guardian's Signature (grants both permission to attend field trip and to administer/obtain emergency medical treatment as necessary).