

Field Trip Form

(Name of Student) _____ has the opportunity to participate in an activity away from school premises. If you approve the following arrangement, please sign at the bottom of this section and return to the faculty/organization sponsor.

NATURE OF ACTIVITY: _____

DESTINATION: _____

DATE /TIME OF DEPARTURE: _____

DATE/TIME OF RETURN _____

TRIP SUPERVISOR _____

MEANS OF TRANSPORTATION: _____

I understand the nature of the activity in which my daughter will be participating and that he/she is expected to abide by all school/organizational regulations during the activity.

I hereby give my permission for him/her to participate in the above-described activity.

Date: _____

Signature of Parent/Guardian _____

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW:

EMERGENCY TELEPHONE NUMBERS:

Primary Contact _____

Number _____

Secondary Contact _____

Number _____



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