

## FIELD TRIP PERMISSION & WAIVER FORM

School: Mo	untainside Elementary School	Teacher:		
Location:				
Date: Departure Time		parture Time:	Return Time:	
Cost:	_ All fees are due to the teac	her no later than:	(CASH ONLY, NO CHECKS)	
Lunch plans: _				
Special Notes/I	Requirements:			
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	to student's teacher with all req		
My student,	dent,, has permission to attend the Mountainside			
Elementary Fiel	d Trip to		I hereby	
assume all of th	e risks of his/her participating in	this activity. I acknowled	ge that this activity may involve	
physical exertion	n and I hereby consent to have i	ny child receive medical t	reatment which may be deemed	
advisable in the	event of injury, accident and/or	illness.		
♦ LUN	LUNCH IS REQUIRED.  CH IS REQUIRED. Please che  My child will require a school of the second of the	sack lunch.	below.	
After school m	y child will be: □ walking hom □ picked up □ riding dayca		r than 3:35 pm parent pick-up is required!!)	
Student Name:			Age:	
Parent/Guardiar	n Printed Name:			
Parent/Guardian Signature:			Date:	
	Emergen	ncy Contact Information		
Name:	Phone	e Number:	Relationship:	
Important Medic	cal information (e.g. Allergies): _			
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Updated: 7/28/2016