RELEASE FORM

To: Principal

Student Name_____
First M.I. Last

Re: Field Trip to:_____

On_____
Month Day Year

I give permission for _____ to participate in the above field trip/tour
Print Child's / Ward's Name

I authorize school personnel to act on my behalf in the event of an emergency.

PARENT'S SIGNATURE:_____

PRINT NAME: _____

ADDRESS: _____

_____

DAY TIME TELEPHONE: (_____)_____

EVENING TELEPHONE: (_____)_____

PAGER or CELL NUMBER:(_____)_____

Please indicate any special needs of which the school should be aware:

Note to school personnel: Please feel free to add any additional information to this form, e.g. departure time, transportation mode, and lunch instructions.