



Lyman Hall High School Student Field Trip Permission Form
Return this form to the teacher by _____

To: Parents/Guardian of _____

From: Teacher _____ Department _____

Re: Permission to attend a field trip to : _____

Date: _____ Departure Time: _____ Return Time*: _____

Transportation (please check) School Bus Private Car Other _____

***Should the trip be returning after 2:00, it is the responsibility of the parent/guardian to provide transportation home from school. Parents are expected to be waiting for their children at the return time indicated above.**

Emergency Information: Allergies or other medical conditions (Please list):

Emergency contacts: Home Telephone: _____

Parent/Guardian Work Telephone(s): _____

Parent/Guardian Cell Phone(s): _____

Please list an emergency contact in case we are unable to reach a parent/guardian.

Name: _____ Relationship: _____

Home Telephone: _____ Work : _____ Cell: _____

Student Cell (If Applicable): _____

I agree to abide by all school rules and regulations while participating in all activities associated with this field trip.

Student Signature: _____ Date: _____

My son/daughter has my permission to attend the field trip described above.

Parent/Guardian Signature: _____ Date: _____

The student has informed his/her classroom teachers of the trip and takes responsibility to make up all missed work.

Period	Course	Teacher Signature
1		
2		
3		
4		