

**FIELD TRIP  
PARENT PERMISSION SLIP AND MEDICAL RELEASE FORM**

As a parent/legal guardian, I give my child, \_\_\_\_\_, permission to participate in the class field trip on \_\_\_\_\_ to \_\_\_\_\_.

We understand that the staff/leaders will exercise reasonable care and precautions to insure our child's safety.

Permission is granted to obtain medical treatment during the trip as considered necessary by the trip sponsors. We, as parents/guardians, have decided (with or without medical assistance) that our child is physically able to participate and we acknowledge that and accident insurance we consider necessary will be our responsibility to locate and purchase.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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