

Fairfield Township School District
FIELD TRIP PERMISSION FORM

Dear Parents/Guardians:

The _____ grade is planning a trip to _____

on _____, 20____. We will leave at _____ and expect to return by _____.

We will go by _____bus/van _____walk

_____ We will be eating lunch at school.

_____ We will be eating lunch on the trip. Please include a drink with lunch. For your child's protection, do not send any glass containers. **Please do not send anything that is not disposable.**

The fee for the trip is \$_____ per child, and is due on _____.

Please be advised we are NO LONGER ACCEPTING CASH, CHECK OR MONEY ORDERS for field trips.

Please log into your PAYSCHOOL ACCOUNT, on your dashboard, you will see "Field Trip" under the "Fees" Tab and you will make your payment there.

Depending on the type of trip and the children going, the school district reserves the right to send or not send a nurse on the trip.

Sincerely,

-----DETACH AND RETURN-----

Classroom Teacher:

I hereby give permission for my son/daughter _____, to go with the _____ grade to _____, on _____, 20____.

_____ My child does not require medication.

_____ My child requires medication(s) to be given on the trip.

_____ My child has district authorization for self-administration of medication.

_____ My child, _____, will not be going on the trip.

Field trip fee was paid on _____ .

All fees are non-refundable.

Emergency contact information for the day of the field trip:

Contact Person	Name	Phone Number
#1		
#2		
#3		

Parent/Guardian Signature

Date