

Field Trip Permission



Developmental Research School
at the University of Florida

MUST BE RETURNED BY: _____ (DATE)

Teacher in Charge of the Trip _____

I hereby give my permission for my son/daughter _____
to participate in the following class trip.

Date of Trip _____

Time Leaving School _____ Time of Return to School _____

Mode of Transportation _____

Permission forms must be 1) signed by a parent guardian, 2) approved by an administrator, and 3) cleared through attendance at least 3 days prior to the trip. No student will be allowed on any trip without this permission. Parents are responsible for pickup for their child if after regularly scheduled school hours. NOTE: If a parent does not pick a child up within 30 minutes of arrival at school at the end of a field trip, the student will not be able to participate in the next field trip scheduled for his/her class or grade level.

Emergency Treatment Consent

Please list ANY health concerns that may be relevant to your child's participation in this field trip:

Please accept this form as a consent signature for a physician or hospital staff to give emergency treatment of an injury or illness to my son/daughter if medical attention is needed. I understand that all necessary precautions will be taken by P.K. Yonge DRS faculty and staff for the welfare and safety of my child. I will not hold P.K. Yonge or its staff or faculty responsible in the case of injury to my child.

Parent Signature _____ Date _____

In case of emergency, every effort will be made to reach the people listed below:

Emergency Contact 1

Name: _____ Phone _____

Emergency Contact 2

Name: _____ Phone _____