



**SCHOOL/CLASS TRIP
SAMPLE PERMISSION FORM - Basic**

Please feel free to copy paste and edit to create your form as needed. This is a sample form offered by GO for your use as you see fit.

I/We authorize _____ to participate in the class trip
(student name)

to _____ on (date(s)) _____.
(class trip destination)

Does the student have any special health problems or handicapping conditions which will require special attention or supervision on this field trip? Yes _____ No _____

If yes, what is the problem and what special considerations should be made? Please indicate below.

We understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip.

Signature of Parent(s) or Guardian(s)

Parent name

Daytime Telephone: _____

Date: _____

Verbal Approval Will Not Be Accepted

Detach and Return