

Berlin Central

School District

Field Trip Permission Form

Your child's class will be attending a field trip.

Location _____

Mode of Transportation _____

When _____

Time Leave School: _____ Return by: _____

Cost _____

Additional Instructions:

Please, return this permission form to _____ by _____.
(Trip Facilitator) (Date)

I give my child, _____, in grade _____ permission to attend the field trip to _____. I have enclosed \$ _____ (exact cash or check payable to Berlin Central School District) to cover the cost of the trip.

In an emergency, I give permission for my child to receive emergency medical treatment. In case of emergency, please contact: _____ at _____.
(Phone)

Parent/Guardian
Signature

Parent/Guardian Name

Date

**WRITTEN CONSENT MUST BE RECEIVED
TELEPHONE CONSENT WILL NOT BE ACCEPTED**