

# 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**