

Brady Public Schools
308*584*3317
Brady, NE

FIELD TRIP PERMISSION FORM

As the parent or legal guardian of _____, I hereby give my
(Student's Name)

permission for _____ to participate in the field trip with
(Student's Name)

(Teacher's Name)

The purpose of the field trip is _____
_____.

Date: _____ Location: _____

Please bring/provide _____

Time/Place of Departure: _____

Time/Place of Return: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Signature of Student: _____

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.

NOTE TO PARENT OR LEGAL GUARDIAN:

Medication will not be administered without written authorization that is signed and dated from the parent, and the medication must be in the original container, which is labeled by the pharmacy or the manufacturer with the name of the child, name of the medication, the time of the day, which it is to be given, the dosage and the duration. Please let the above teacher know if you child has any allergies or need of medication before leaving for this trip.