

**Freetown-Lakeville Regional School District
Field Trip Permission Form**

Field trip form must be completed and signed in order for your child to attend.

Students must use provided transportation and cannot be dismissed from field trip location.

On _____, _____ class/group will be going on a field trip to
(day) (date) (teacher or group)
_____ in _____
(city/town)

Transportation will be by: school bus ___ school van ___ other ___

The cost of the trip for each student will be _____. (copy of receipt available upon request) We plan to leave school at _____ and return at approximately _____. The person in charge of this activity will be _____.

(Please tear off and keep the top half)

Student Name first _____ last _____ has my permission to attend the field trip to _____ on _____.

In case of emergency, I can be reached at _____
(phone number)

*****MY CHILD DOES/DOES NOT HAVE MEDICAL NEEDS
(PLEASE CIRCLE ONE)**

Special needs may include: daily medications, inhalers, epipens, etc.
The medical intervention or medication is: _____.

Please specify who has agreed to administer this skilled medical intervention or medication.
_____.

Signature of parent/guardian (Required) **Date**

Can you chaperone? Yes* ___ No ___ Phone _____

*If "yes", please print name as it appears on CORI form or License:

Payment made by: Cash ___ Check ___ Online Pmt (www.freelake.org) ___ Receipt Requested ___