



Forest Lake
EDUCATION CENTER

Field Trip Permission Form

Student Name: _____

Trip to: _____

Trip Date: _____

Departure Time: _____ Return Time: _____

Transportation: _____

Sponsor: _____

My child has permission to go on the aforementioned trip. I understand the arrangements and give permission for my child to attend.

Signature of Parent/Guardian

Date

In the event of sudden illness or accident requiring attention, I give permission for FLEC personnel to obtain emergency medical services for my child. During the trip, I can be reached at the following number(s):

Home: _____ Work: _____

Cell: _____ Other: _____

Please indicate any medical problems, allergies, or medications:

Signature of Parent/Guardian

Date