

**NOTICE OF FIELD TRIP
CUBA-RUSHFORD MIDDLE-HIGH SCHOOL**

STUDENT NAME _____

Your child's class has scheduled a field trip activity on _____ to
(date)

_____ (destination)
The group will be leaving at _____ A.M. and plans to return at _____ A.M.
P.M. P.M.

PLEASE SIGN AND RETURN THE ATTACHED FORM BY _____
(date)

Sincerely,

_____ Teacher, Guidance Counselor, or Principal

✂ -----

FIELD TRIP PARENTAL/GUARDIAN CONSENT

I hereby give permission for my child, _____
(child's full name)

to participate in a school-sponsored educational field trip to _____
(place)

I understand that my child will leave on _____, _____
(date) (time)

and is expected to return on _____, _____
(date) (time)

MEDICAL INFORMATION

Name of family doctor _____

Doctor's phone number _____

Is your child taking any medication with him/her on this trip? _____ **If so,**
please contact the school nurse for the appropriate permission forms.

Name of medication(s) and who is expected to administer it _____

*Should emergency medical services be required for your child during the trip, medical personnel
will be contacted immediately.*

(signature of parent/guardian)

(telephone number)

(date)