

FIELD TRIP PERMISSION FORM

_____ Bahá'í School is planning a _____
trip or activity

Date _____ Time _____

Location _____

Time and place of departure _____

Time and place of return _____

Mode of transportation _____

Adults accompanying the group:

Name _____ Phone _____

Name _____ Phone _____

Each student will need (*special equipment, clothing, money for expenses, etc*):

.....
(Return this portion to teacher)

My child _____ has permission to participate in _____
activity

During the activity, I can be reached at

Address _____ Phone _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name _____ Relationship _____

Address _____ Phone _____

Your physician's name _____ Phone _____

Address _____

Additional Remarks:

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician, hospital, or medical service selected by the leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. It is understood that a conscientious effort will be made to locate me or the emergency contact listed before any action is taken.

Your printed name _____

Your signature _____

Address _____ Phone _____