

**Barneveld School District**

**Student Permission Form**

Date : \_\_\_\_\_

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

Dear Parent:

Field trips to places of educational importance are a part of our curriculum. These trips are an outgrowth of learning activities in the classroom and are carefully selected and planned. We expect students to participate in these field trips as they would in other learning situations.

A field trip has been planned for you child to \_\_\_\_\_

The students will leave the school by - **Bus – Car – Walking**

Date: \_\_\_\_\_ Leaving at: \_\_\_\_\_

Returning at: \_\_\_\_\_ Cost: \_\_\_\_\_.

Please complete the following form(s) for our records and return it to the teacher no later than \_\_\_\_\_. The following information is needed **before** your child will be allowed to take part in the field trip.

**My child will/will not (circle one) require medication during this field trip.....**

**If student will require medication State Law now requires the Medication Authorization (see reverse side) form to be completed and returned with this permission slip.**

Kevin Knudson  
PK-12 Principal

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**Please Return Entire Sheet with BOTH Pages completed**

Dear \_\_\_\_\_  
Teacher Name

My child \_\_\_\_\_ has my permission to attend the field trip on \_\_\_\_\_ to \_\_\_\_\_.

The day of the field trip I can be reached at:  
Home: \_\_\_\_\_, Work: \_\_\_\_\_.

You have my permission to provide my child with emergency medical treatment should this situation arise.  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_.

**If the above mentioned information and permission is not granted, the student will not be allowed to participate in the field trip**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

