Spring Ford School District Field Trip Permission Form

PLEASE RETURN THIS FORM TO SCHOOL NO LATER THAN

		(Date)		
An educat	ional trip to			is planne
for		, 20	, for the	grade.
	f an emergency, illnes guardian and additiona		•	ours, please list where a ched:
1				
	Name			Phone No.
2				
	Name			Phone No.
3				
	Name			Phone No.
<u>NOTE</u> :	This signed form, participate in this fiel		I serve as per	mission for your child to
	Chaperones may not take their children home after a field trip unless the trip returns to school within 15 minutes of dismissal.			
				sal time, it is requested tha he morning of the field trip.
or other he physician o its agents a	ealthcare provider to add or hospital by chaperone	minister care. I also or ambulance. I do	give permissio hereby release \$	orize any physician, hospita n for the transport to/fron Spring-Ford School District party may suffer as a resul
		_	Child	's Name/ Teacher
			Parent/Gua	ardian Signature/Date