



# SARGENT CENTRAL PUBLIC SCHOOL

STUDENT FIELD TRIP PERMISSION FORM

**PLACE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**STUDENT COST:** \_\_\_\_\_

**REQUIREMENTS:** \_\_\_\_\_

\_\_\_\_\_

**LUNCH:** \_\_\_\_\_

**ADDITIONAL INFORMATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RETURN PERMISSION SLIP BY (date):** \_\_\_\_\_

\_\_\_\_\_

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**CONSENT:**

I, the parent/guardian of \_\_\_\_\_ request that the school allows my child(ren) to participate in the identified field trip listed above. In consideration for making the arrangements for this trip, I hereby release and save harmless the Sargent Central Public School District and all its employees from any and all liability arising to my child(ren) as a result of this trip.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_