

Berlin Junior-Senior High School

Field Trip Permission Form

Your child's class will be attending a field trip as follows:

Location: _____

Mode of Transportation: _____

When: **Day:** _____ **Date:** _____

Time: **Leave school:** _____ **Return by:** _____

Cost: \$ _____
(Exact cash or check payable to Berlin Central School)

Additional Instructions: _____

Please return permission form to _____ **by** _____

I give my child, _____, in Grade _____

Permission to attend the field trip to _____

on _____ from _____ to _____.

I have enclosed \$ _____ (exact cash or check payable to Berlin Central School to cover the cost of the trip.

In an emergency, I give permission for my child to receive emergency medical treatment.

In case of an emergency, please contact: _____ at _____.
(Name) (Phone)

* _____
(Parent/Guardian Signature) (Date)

***WRITTEN CONSENT MUST BE RECEIVED
TELEPHONE CONSENT WILL NOT BE ACCEPTED**