



SAINT PAUL PUBLIC SCHOOLS
FIELD TRIP PARENTAL/GUARDIAN
AUTHORIZATION FORM
TYPE II FIELD TRIPS

A field trip to: _____

is planned by: _____

for the purpose of: _____

on (date) _____

from _____ (time) to _____ (time)

The attached form must be completed and returned before the student will be permitted to participate in the above field trip.

VERBAL APPROVAL WILL NOT BE ACCEPTED.

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Detach and Return

Field Trip Parental Authorization

I/We authorize _____ to participate in the field trip

Student's Full Name

to _____ on (date) _____

Does the student have any special health problems or handicapping conditions which will require special attention or supervision on this field trip?

Yes _____ No _____

If yes, what is this problem and what special considerations should be made?

We understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip.

Date _____

Signature of Parent(s) or Guardian(s)

Telephone: Day time _____

Address: _____

Emergency _____
