



Lake Forest School District 67

FIELD TRIP PERMISSION FORM

TEACHER:

Homeroom Teacher: _____

Field Trip to: _____ Date: _____

Time of Departure: _____ Return: _____

Lunch Arrangements: _____

_____ (NO GLASS BOTTLES PLEASE)

Other Information: _____

AMOUNT DUE: _____

**PLEASE ENCLOSE EXACT AMOUNT IN CHECK OR CASH.
MAKE CHECK PAYABLE TO YOUR CHILD'S SCHOOL ACTIVITY ACCOUNT.
THANK YOU.**

PARENT:

I give permission for _____ to
(Student Name)

attend the field trip described above. I also give my permission for him/her to travel to and from
the field trip on transportation arranged for by _____ School.

* **Reminder: My child has the following serious medical conditions:** _____

_____.

Parent Signature

Date

Emergency Phone Number