

**BANKS HIGH SCHOOL
FIELD TRIP PERMISSION**

Student _____ Trip date _____

Teacher _____

Depart _____ DATE _____ TIME _____ Return _____ DATE _____ TIME _____

Planned activities: _____

Supplies needed: _____

Student allergies, medical conditions, or other student conditions staff should be aware of:

Home phone _____ Work phone _____

Other emergency phone _____

Please specify relationship _____

Insurance company name _____ Policy number _____

I hereby give my permission for the above named student to attend the field trip listed and to participate in the activities planned. I do hereby release the Banks School District of/from any liability and/or responsibility for accidents or injuries as might be sustained by my student while participating in the school activity identified above. I also authorize the adult supervisor to seek competent medical assistance in case of emergency.

Signature of Parent/Guardian

Date