Immaculate Heart of Mary School
DIOCESE OF WILMINGTON
FIELD TRIP PERMISSION FORM

GRADE: __________ DATE OF TRIP: ________________

Name of Student: ________________________________________________

I give permission for my child to participate in a field trip to:

Transportation will be by: _______________________________________

Cost of Trip: ________________________________________________
Please return Permission Form and fee to the teacher no later than:

EMERGENCY NUMBER WHERE PARENT CAN BE REACHED ON DAY OF TRIP
Mother: (home) ___________________ (cell) ___________________
Father: (work) ___________________ (cell) ___________________
Other (Relationship) ___________________

Parent Signature: __________________________ Date: ________________

( ) I would like to chaperone if chaperones are needed.

Cost for chaperone: __________________________
A background check must be on file in the office to be a chaperone.

SPECIAL MEDICAL CONCERNS:
Student is allergic to: ( ) Penicillin ( ) aspirin ( ) other _______
Indicate student’s serious medical problems: ________________________
_________________________________________________________________
_________________________________________________________________

I give permission for my child to have medical care if immediate treatment
is necessary, and I release the school from any liability of whatsoever kind

Special Instructions:

Parent Signature: __________________________ Date: ________________