

**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: \_\_\_\_\_