

Big Beaver Falls Area School District

\*\*\*Field Trip Permission Form\*\*\*

FIELD TRIP \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY CONTACT'S PHONE No. \_\_\_\_\_

EMERGENCY CONTACT'S E-MAIL ADDRESS \_\_\_\_\_

Dear Parent/Guardian:

Your child has signed up to attend the above referenced Field Trip. Students attending the field trip will leave the \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_, and will return to the School at approximately \_\_\_\_\_.

Only Beaver Falls students and chaperones will be permitted to ride the bus. All students who ride the bus to the Field Trip must return to Beaver Falls School on the bus.

If you give permission for your child to participate, please sign this permission slip, and have your child return the slip to \_\_\_\_\_.

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My signature below indicates the following:

- The undersigned is the parent or guardian of the above-named Student.
- I give permission for Student to ride the bus and attend the field trip.
- If Student must be transported home early for any reason, I will be responsible for the cost of Student's transportation home.
- I am aware that should there be an injury to Student's person or property while participating in the Field Trip, neither the Big Beaver Falls Area School District nor its employees can be held liable for negligence.
- I am aware that the School District does not carry liability insurance insuring students in the event they incur any injuries or medical expenses.
- I am aware that all School rules concerning student conduct and discipline (See Student Handbook) are in effect during this Field Trip.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student