

DARE COUNTY SCHOOLS
STUDENT PERMISSION FORM

Date: _____

Dear Parent/Guardian:

A class trip has been approved to _____
(Destination)
on _____ .
(Date)

Description/Curriculum Purpose: _____

The signature of a parent/guardian is required in order to allow your child to participate in this off-campus trip. Please sign the bottom portion of this form and return it to the teacher.

Sincerely,

Mode of Travel: School Activity Bus _____ Car(s) _____ Other _____
Cost of trip (if any): \$ _____
Time of departure from school: _____ Time of return to school: _____

Additional information about field trip: _____



I have read the field trip description.
I give permission _____ I do not give permission _____

for _____ to go on this trip to
(Student's Full Name)
_____ sponsored by Dare County Schools.
(Destination)

In the event this trip is canceled, I acknowledge that prepaid trip fees to a travel agency or other third parties may or may not be refundable. Cash or check is enclosed (if applicable). I also grant permission for the adult responsible to seek medical assistance for my child in an emergency.

Signature (Parent/Guardian) Date

Parent/Guardian emergency contact phone number: _____