



## Parent or Guardian Approval for School Field Trip

To be filed in the Principal's Office five (5) days prior to trip.

The Memphis Shelby County Schools' Student Code of Conduct will be strictly enforced on all field trips. Please ensure that your student is aware of his/her responsibilities while on this field trip.

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Date of Trip \_\_\_\_\_ Time of Departure \_\_\_\_\_ ☐ a.m. ☐ p.m.

Time of Return \_\_\_\_\_ ☐ a.m. ☐ p.m.

Number of students \_\_\_\_\_ Number of chaperons \_\_\_\_\_

Cost per student \_\_\_\_\_ What the cost covers \_\_\_\_\_

Will lunch be provided: ☐ Yes ☐ No ☐ NA If yes, indicate how it will be provided \_\_\_\_\_

Transportation provided by \_\_\_\_\_

Carrier is on the Board's Approved List: ☐ Yes ☐ No

Subject \_\_\_\_\_ Unit of Study \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

This field trip correlates with current instruction? ☐ Yes ☐ No

Pre-teaching and post-teaching activities have been planned? ☐ Yes ☐ No

The principal has preapproved this field trip? ☐ Yes ☐ No

Teacher's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Signature indicates parent/guardian approval of this field trip

### THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN BEFORE STUDENT CAN PARTICIPATE.

Student's name \_\_\_\_\_

Are there any medical conditions of which we should be aware? Please identify \_\_\_\_\_

In case of emergency, please identify:

Hospital and location \_\_\_\_\_

Family doctor and telephone \_\_\_\_\_

Parents' emergency numbers \_\_\_\_\_

Memphis Shelby County Schools offers educational and employment opportunities without regard to race, color, religion, sex, creed, age, disability, national origin, or genetic information.