

<b>DOVER SCHOOL DISTRICT</b>	<b>POLICY CODE: IJOA</b>
<b>DATE OF ADOPTION: AUGUST 10, 2015</b>	<b>PAGE 1 OF 2</b>

School: \_\_\_\_\_

**DOVER SCHOOL DISTRICT**  
**FIELD TRIP NOTIFICATION AND PERMISSION FORM**

Dear Parents & Guardians,

Your child's class will be participating in a school sponsored activity away from school. The information for this activity is as follows. **\*\*Please note that no child will be allowed to attend a trip without a signed permission slip.\*\***

Please sign and return to your child's teacher by: \_\_\_\_\_.

Description of Activity:

Purpose of Activity:

Destination: \_\_\_\_\_ Transportation Provided By \_\_\_\_\_

Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time \_\_\_\_\_

Cost: \_\_\_\_\_ Please make check payable to: \_\_\_\_\_

**We Need Chaperones for this Trip: YES NO**

\_\_\_\_\_ I understand I must complete fingerprinting for a criminal records check at least three (3) weeks in advance of the field trip at the SAU 11 office before attending this trip.

\_\_\_\_\_ I have completed the fingerprinting for a criminal records check at the SAU 11 office.

Recommended clothing, equipment, supplies, etc.:

---

**School/Field Trip Permission Form**

**I/we have been informed as to the nature of the activity and acknowledge that there are always certain risks for those who participate. We realize that all efforts will be made by the teachers and chaperones to ensure the safety of the students, but understand that the school cannot assume responsibility for unreasonable accidents and/or injuries. I/we agree that our child must adhere to all safety rules and regulations, as well as all instructions from the adults. Failure to do so may result in exclusion from this or other activities. If there is important information, medical or otherwise, that the school staff should know, I/we agree to provide it to the nurse and/or teachers before the trip. I/we understand the risks and requirements for our child to participate and give our consent to attend the trip to:**

**I hereby give permission for my child to be transported to a hospital or other emergency medical facility and to receive emergency medical treatment. Emergency contact phone number: \_\_\_\_\_**

**Student Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_**

**Trip Date & Destination: \_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_**

**In case of an emergency and you cannot be reached, whom do you want us to call?**

**Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_**