

## FIELD TRIP AUTHORIZATION

<b>Daily Field Trip Permission</b>	
Child's Name:	
Location(s):	
Mode of Transportation: <input type="checkbox"/> Walking <input type="checkbox"/> Public Transportation <input type="checkbox"/> Provider Vehicle <input type="checkbox"/> Other Vehicle	
Name of driver (if applicable):	
<b>Field Trip Permission</b>	
Child's Name	
Field Trip Location:	Date of Field Trip:
Departure Time:	Arrival Time:
Mode of Transportation: <input type="checkbox"/> Walking <input type="checkbox"/> Public Transportation <input type="checkbox"/> Provider Vehicle <input type="checkbox"/> Other Vehicle	
Name of driver (if applicable):	

**I authorize my child to participate in community activities and field trip(s) as described above.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date