

**MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT  
FIELD TRIP PARENT/GUARDIAN CONSENT/MEDICAL INFORMATION**

Dear \_\_\_\_\_,

Your child's class has scheduled a field trip activity on \_\_\_\_\_ to \_\_\_\_\_  
(date)  
\_\_\_\_\_  
(destination)

The group will be leaving at \_\_\_\_\_ a.m./p.m. and plans to return at \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_.

Please sign and return the attached form by \_\_\_\_\_  
(date)

Sincerely,

\_\_\_\_\_  
Teacher or Principal

**FIELD TRIP PARENTAL CONSENT**

I hereby give permission for my child, \_\_\_\_\_  
(child's full name)  
to participate in a school sponsored education field trip to \_\_\_\_\_  
(place)

I understand that my child will leave on \_\_\_\_\_, \_\_\_\_\_  
(date) (time)  
and is expected to return on \_\_\_\_\_, \_\_\_\_\_  
(date) (time)

**MEDICAL INFORMATION**

Name of family doctor \_\_\_\_\_

Doctor's phone number \_\_\_\_\_

Is your child taking any medication with him/her on the trip? \_\_\_\_\_

If so, what is it and who is expected to administer this medication? \_\_\_\_\_

Should emergency medical services be required for your child during the trip, medical personnel will be contacted immediately.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(Date)