



## Overnight Field Trip Permission Form

*Your child has the opportunity to participate in a school activity away from the campus. Below are the trip arrangements. Please sign below and return to trip sponsor.*

**Trip Sponsor:** \_\_\_\_\_

**Activity:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Departure time:** \_\_\_\_\_ **Date/time of return:** \_\_\_\_\_

**Trip Chaperone(s):** \_\_\_\_\_

**Lodging Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Means of Transportation:**

\_\_\_\_ School-owned bus      \_\_\_\_ Commercial bus (name of company) \_\_\_\_\_

\_\_\_\_ Other (specify): \_\_\_\_\_

**Fee, if applicable:** \_\_\_\_\_

**Spending money needed, if applicable:** \_\_\_\_\_

*(send with your child on day of trip)*

 \_\_\_\_\_

My child, \_\_\_\_\_, has permission to participate in the field trip to: \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_.

I understand the nature of the activity and that he/she is expected to abide by STE rules at all times.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact number(s): \_\_\_\_\_

If applicable, please list food and/or drug allergies and indicate if your child has an Epi pen:

If applicable, please list any medications (with dispensing directions) your child will need on the field trip. All medications must be in their original pharmacy container, per school policy.

My child has permission to take the following over-the-counter medications while on this trip:

Tylenol \_\_\_\_ Advil \_\_\_\_ Hydrocortisone Cream \_\_\_\_ Benadryl \_\_\_\_ Neosporin \_\_\_\_

**Return signed form and any applicable fee to:** \_\_\_\_\_

**No later than:** \_\_\_\_\_