

# Farm Visit Field Trip Permission Form

## Student Information

Student Name

Grade / Class

Teacher

## Trip Information

Date of Trip

Destination (Farm Name & Address)

Departure Time

Return Time

## Emergency Contact

Parent/Guardian Name

Phone Number

Alternative Phone

## Medical Information

Allergies / Medical Conditions

Special Instructions

**Permission and Agreement**

I give permission for my child to attend the above field trip and authorize any necessary medical treatment in case of emergency.

Parent/Guardian Signature

Date