

Return form by: _____



South Washington County Schools Field Trip Parental Authorization Form

A field trip to: _____ Planned by: _____ Cost: _____

Purpose: _____ on (date): _____ from (time): _____ to (time): _____

Additional field trip information: _____

Parent/Guardian please complete and return this portion to school.

Student Name: _____ Teacher Name: _____

A field trip to: _____ on (date): _____

- I understand that district procedures have been followed in planning for this field trip. A plan has been filed with the principal regarding safety and supervision issues.
- Weather conditions will be considered prior to the trip and necessary adjustments may be made. This could include canceling the field trip.
- I also understand that I will be responsible for paying all expenses related to sending my child home from the trip due to disciplinary reasons or illness if the school staff deems it necessary. I authorize my child to participate in the field trip.

Parent/Guardian Name: _____ Telephone: _____

Parent/Guardian Signature: _____ Date: _____

Does your child have any needs which will require special attention or supervision on the field trip? YES NO

If YES, please explain the necessary considerations: _____

(The above information will be taken on the field trip by the supervisor.)

Field Trip Meal Options

Meal complies with USDA requirements

If you would like a bag lunch from Nutrition Services, please complete and submit at least **2 weeks before the field trip**. If a bag lunch is ordered and prepared for my child, the price of a school lunch will be charged to the child's account whether he/she takes the bag lunch or not.

Student Name: _____ Date of field trip: _____

Teacher Name: _____ Allergies: _____

Lunch Choice:

- Bagel w/Protein Choice
(Chips, Fruit, Vegetable and Milk)
- Deli Sandwich
(Chips, Fruit, Vegetable and Milk)

Milk Choice:

- Skim
- 1%
- Chocolate

- Deduct cost from PIN Account # _____
- Money enclosed with this form