

## STUDY TRIP ITINERARY & PARENT PERMISSION

Study Trip To:		Driver:	
Address:	City:	State:	Zip:
Program:		Date of Study Trip:	
Chaperones(s) for this trip:			
Approximate time Leaving from School:		Time Returning to School:	

This is an overnight trip - Yes      No      If yes, please check page 2 for room assignments.

### TENTATIVE ITINERARY FOR THE DAY:

Approximate Times	Activity Descriptions

**Parent/Guardian: If there are activities listed above in which you do not want your child to participate, please cross off and initial these activities before signing.**

Parent/Guardian:

I understand that the school authorities have no legal responsibility in the event that a pupil becomes ill or is injured while engaged in this trip. As a parent, I **give my consent** for the trip with the understanding that the school will provide adequate supervision and will secure safe transportation.

In signing this agreement, I understand that (student's name) \_\_\_\_\_ will cooperate with the school authorities in following our school rules, the staff, and in assuming his/her responsibilities on this trip.

In case of emergency during this trip, I can be contacted at (telephone number) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for giving your student this opportunity. If you have any questions please feel free to contact*

\_\_\_\_\_  
 Instructor/Teacher                      **Phone**                      Approved                      Date

