



**FIELD TRIP NOTIFICATION TO PARENTS**

**Form 260-11**

**Name of School** \_\_\_\_\_ **Name of Teacher** \_\_\_\_\_

**Grade(s) of Students** \_\_\_\_\_ **Destination** \_\_\_\_\_

**Date of Departure** \_\_\_\_\_ **Date of Return** \_\_\_\_\_

**Purpose of Trip** \_\_\_\_\_

<b>Transportation</b>	<input type="checkbox"/> Walking	<input type="checkbox"/> Commercial	<input type="checkbox"/> GYPSD
	<input type="checkbox"/> Private	<input type="checkbox"/> Carrier	<input type="checkbox"/> Bus #
	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Other	<input type="checkbox"/> Activity
			<input type="checkbox"/> Bus#

**Trip Itinerary is attached.**

**Special Provisions for your child, as agreed to by the parent, if applicable**

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**Safety precautions in place**

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**Emergency Procedures:**

- teachers will assess the situation and respond by either administering first aid or contact 911, and notify the teacher/leader
- the principal is contacted
- if a child is being returned to the school, the school will be informed
- if a child is in need of emergency medical services, the parents and the school will be informed by the teacher/leader

**Supervision of Students:** a supervisor to student ratio of \_\_\_\_\_ shall be maintained for the duration of the field trip.

**Cost to the Student:** \_\_\_\_\_

**Supplies, equipment, documentation required** \_\_\_\_\_

**Addition Information** \_\_\_\_\_

**Emergency Cancellation of field trip:**

PLEASE NOTE: If any significant details of this trip change, the teacher will notify the parents prior to the trip departure. The Division is not responsible for refunds and/or compensation for any cancelled trip.

**PARENT PERMISSION FORM**

**Please complete and return this form as soon as possible.**

**Student Name (print)** \_\_\_\_\_

**Trip** \_\_\_\_\_

**Medical Information** \_\_\_\_\_  
(If applicable)

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

I have read the information regarding my child's up-coming trip. I give permission for my child to attend.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

I would like to attend as a parent-supervisor.

**DISTRIBUTION: File at school level**