POTTERVILLE PUBLIC SCHOOLS

Field Trip Permission Form
Consent and Student Information

Please check your student's school:

Elementary School: ___ Middle/High School:___

Child's Name:_____ Grade:_____ Teacher:_____

Parent/Guardian's Name:_____Phone Number:_____

I, _____, the parent of _____, give permission for my child to participate in all field trips at Potterville Public Schools, for the _____ school year. I understand that field trips are part of the District's Educational Program and provide a learning experience that will provide value to my child.

Parent/Guardian Signature: _____ Date:_____

Secondary Emergency Contact for Field Trips

Name: _____ Phone Number:_____

Relation to Student:_____

Family Doctor

Name:_____ Phone Number:_____

Hospital Preference:

Nearest Available: ☐ Please send to:_____

Allergies:_____

Special Instructions/Needs:_____

Revised: June 29, 2022