

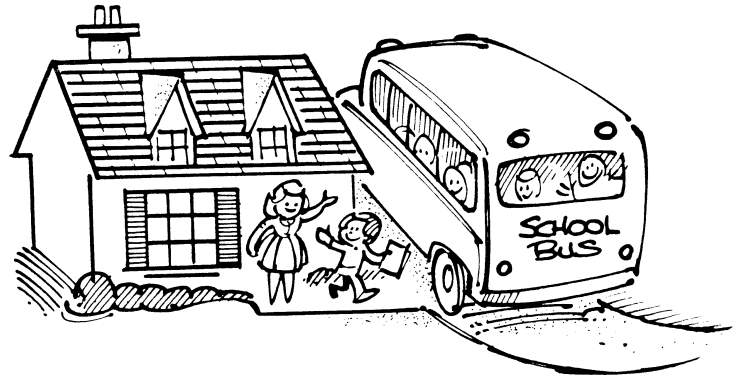
Field Trip/Excursion Form

JPA 1 (B)

School

Classroom

Student



The school district has a field trip/excursion form on file in the office authorizing your child to participate on school district field trips of this type. The information below is on the details of the field trip and to verify the accuracy of the health and insurance information.

Field Trip: _____

Where: _____

When: _____

Method of transportation: _____

Dress: _____

Lunch: _____

Time of departure: _____ Return _____

Return this slip by: _____

Parent/Guardian Signature: _____

A special note: changes that should be noted at the office since original form was completed:

____ 1. Parent/guardian phone number: _____

____ 2. Health insurance company/policy: _____
Policy #: _____

____ 3. Special medical problems/needs of the student: _____

Teachers: Noted changes must be forwarded to the office.