



DOWNINGTOWN AREA SCHOOL DISTRICT

Field Trip Parent Permission Form (121-AG-3)

Dear Parent/Guardian:

Our class will be going on a field trip to _____
on _____ . The educational goal of this trip is _____ .

We expect to leave school at _____ and return at approximately _____ .

Your child will need to bring _____ .

The cost per pupil of the trip is _____ . Field trip money should be returned to school
with the attached permission slip no later than _____ .

Make checks payable to: _____ .

Regular school bus/coach/school van transportation will be used for the trip. If you have any questions please
email _____ at _____ or call the school.

The DASD Code of Conduct, including the Dress Code applies to this trip.

Sincerely yours,

Teacher/Trip Advisor

Sponsoring Organization: _____

Please return this portion to school by: _____

_____ has permission to accompany his/her class on a field trip to _____
_____ on _____

I understand that regular school bus transportation will be used. I understand that the DASD Code of Conduct,
including the Dress Code, applies to this trip. My child has the following health concerns/life-threatening allergies:

My child may need the following medications for the trip: _____

***All medications and supplies must be sent from home. Send only necessary medication needed for the trip duration
in the original container, and give it to the teacher for your child to self-administer.***

My child has an IEP/504: Yes No

I give permission for emergency treatment if necessary: Yes No

Signature of parent/guardian: _____ Date: _____

Emergency Phone# during trip: _____ Emergency Phone# during trip: _____

Student cell phone: _____

Teachers Signatures (study hall teachers not required)

Period 1 _____ Period 5 _____

Period 2 _____ Period 6 _____

Period 3 _____ Period 7 _____

Period 4 _____ Period 8 _____