

BALTIMORE CITY PUBLIC SCHOOLS

**STUDENT DAY/ EXTENDED STUDENT DAY/NON SCHOOL DAY
EDUCATIONAL FIELD TRIP
PARENT/GUARDIAN PERMISSION FORM**

Dear Parent/Guardian:

The _____ at _____ has planned a
(Organization/Student Group) (School)

field trip to _____ on _____. The purpose of the trip
(Destination) (Date)
is to _____.
(Reason for the field trip)

Transportation will be provided by _____ with a departure time of
(means of transportation)
_____ and return time of _____. The cost to the student is _____.
(Time) (Date and Time) (Amount)

This is _____ is not _____ an Extended Student Day Field Trip. If it is, a detailed itinerary is attached.
Special clothing (including footwear) and/or cash requirements are as follows: _____
_____.

If your child or the student for whom you are responsible does not have permanent and adequate housing,
is temporarily staying in a shelter, group home, or with friends/family due to economic hardship, please
contact his/her principal to ask for a waiver and a copy of the brochure entitled *Homeless Children and
Youth in Baltimore County Public Schools*.

Yours truly,

Teacher-in-Charge _____ Principal's Approval _____

(Detach and return lower portion to school)

_____ has my permission to attend the field trip to
(Student)

_____ under the supervision of _____.
(Location) (Teacher-in-Charge)

I have fully read this permission slip. I have explained to my child that while participating in the above-
described field trip, my child must adhere to the Baltimore City Board of School Commissioners'
policies, the Chief Executive Officer's administrative regulations, and the Student Code of Conduct. I
fully understand and have explained to my child that failure to follow policies, regulations, and the Code
of Conduct may result in disciplinary action, including the possibility of being sent home at my expense.

I agree to be at the school to pick up my child within 15 minutes of the return of the trip.

If this is an Extended Student Day field trip, I agree _____ do not agree _____ to participate on the telephone chain in case a change in plans needs to be made during the course of the trip and the change needs to be communicated to all parents. My telephone number is: _____.

(Date) (Signature of Parent/Guardian) (Signature of Student)

In case of an emergency while on the trip, please contact me at _____.
If there is medical information pertinent to my child's participation, I will contact the school nurse in order to evaluate, revise, and update information that may already be on file.

***THE BOARD OF SCHOOL COMMISSIONERS SHALL NOT BE FINANCIALLY LIABLE FOR LOSSES
DUE TO CHANGES OR CANCELLATION OF FIELD TRIPS.***