

FHMS Field Trip Permission Form

Student Name: _____

Destination of Trip: _____

Departure Date & Time: _____

Return Date & Time: _____

Please list emergency contacts:

Name & Number _____

Any Medications: _____

Allergic to: _____

I hereby give permission for _____ to transport my

child _____ to _____

In the event of an emergency I give consent for Frontier Local School District to seek treatment for my student. (Please circle one)

Yes I consent

No I do not consent

Parent/Guardian Signature: _____

Date: _____