

**MAHOMET-SEYMOUR COMMUNITY UNIT SCHOOL DISTRICT #3**  
Mahomet, Illinois  
**FIELD TRIP PERMIT**

\_\_\_\_\_  
(School)

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Teacher/Sponsor)

\_\_\_\_\_  
(School's Telephone Number)

A fieldtrip to \_\_\_\_\_ is planned for \_\_\_\_\_  
(Class or Group)

on \_\_\_\_\_. The trip will begin at \_\_\_\_\_ a.m./p.m. & return @ \_\_\_\_\_ a.m./p.m.  
(Date)

Students are going by: ( ) Unit 3 Bus ( ) Walking ( ) Other \_\_\_\_\_

**Parent/Guardian Approval** (Please fill out all info below)

In a medical emergency your child will be taken by ambulance to the closest hospital or trauma center. All medical fees are the parents' responsibility.

Your permission is requested for the teacher or principal to sign any medical forms which would be needed. This will assure that treatment of an injury can begin as soon as possible. Please sign this form granting your permission for school personnel to act on your behalf in the case of a medical emergency. Every effort will be made to contact parents prior to exercising the authority contained in this form.

I give my permission for my son or daughter to participate in the field trip described above.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name(s) and Work Numbers(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency numbers/health concern: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_