



# Cleveland City Schools Field Trip Permission Form

SCHOOL:

CLASSROOM:

TRIP LOCATION:

TRANSPORTATION:

COST:

DATE:

HOURS:

NOTES:

Please return this permission form below by:

I give permission for my child \_\_\_\_\_ to attend the  
field trip to \_\_\_\_\_.

Enclosed is \$ \_\_\_\_\_ to cover the cost of the trip.

In case of an emergency, I give permission for my child to receive medical treatment. My child's medical information (including allergies and illness) is current in PowerSchool. In case of such an emergency, please contact:

Name:

Emergency Phone #:

*I understand this is a school-sponsored event and that all school rules will apply.*

Parent/Guardian Name:

Date:

Parent/Guardian Signature: