

**Campbell ISD**  
**Field Trip Permission Form**  
409 W. North St.  
Campbell, Tx. 75422  
903-862-3253

Dear Parent or Guardian,  
Your child is going on a field trip. Please sign and return the permission slip at the bottom of this form by \_\_\_\_\_ . Keep the top portion as your reminder.

Field Trip Information:

Date: \_\_\_\_\_ Sponsored By: \_\_\_\_\_

Name of Destination : \_\_\_\_\_

Purpose: \_\_\_\_\_

Cost: \_\_\_\_\_

Sack Lunch \_\_\_\_\_ Drink \_\_\_\_\_ Other \_\_\_\_\_

Means of Transportation: \_\_\_\_\_

Leave school: \_\_\_\_\_ Arrive back at school: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Save this part of the form for future reference.*

*Cut here*-----*Cut here*

*Sign this part of the form and return it to your child's teacher.*

\_\_\_\_\_ has permission to attend a field trip to \_\_\_\_\_

on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Enclosed, please find cash (if needed) in the amount of \_\_\_\_\_ to cover the cost of the trip.

If, in the judgment of any representative of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I give my permission for \_\_\_\_\_ to receive emergency medical treatment. In an emergency, please contact:

Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

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