



**FIELD TRIP AGREEMENT AND ATTENDANCE FORM**

Field Trip To: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Cost: \_\_\_\_\_ Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Transportation Provided By: \_\_\_\_\_

Teachers: \_\_\_\_\_

Other Adults Attending: \_\_\_\_\_

Nearest Medical Facility: \_\_\_\_\_

Signature verifying no children left on bus at destination: \_\_\_\_\_

Signature verifying no children left on bus upon return to KRK# \_\_\_\_\_: \_\_\_\_\_

As signed below, I agree for my child to participate in the above specified field trip.

\*Health and Emergency Permission Record

CHILD'S NAME	PARENT'S SIGNATURE	DATE	ON	OFF	ON	OFF	*HEP	TEACHER INITIALS
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CHILD'S NAME	PARENT'S SIGNATURE	DATE	ON	OFF	ON	OFF	*HEP	TEACHER INITIALS
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