



Fairfield Community High School

Field Trip Permission Form

As legal parent/guardian of _____,

I give my permission for my student to participate in the field trip to _____ on _____.

If an emergency arises, I can be reached at the following phone number; _____.

If I cannot be reached, I give FCHS Staff members authorization to act in my child's best interest. This includes providing emergency medical treatment, hospitalization, etc. I also know that my student, _____, is to observe all school rules while in this trip, and failure to do so will result in disciplinary action.

Signed (student) _____

Signed (parent/guardian) _____

Date _____