

CITY OF SALEM SCHOOL SYSTEM
FIELD TRIP INFORMATION

South Salem Elementary

_____ (Date)

A field trip is being planned for _____
to _____
on _____ at _____. This activity should provide an excellent educational experience for your child. However, in order for students to participate, your permission and release from liability is required. Plans are to leave at _____ and return at _____. Transportation will be provided by _____. Total charges for admission, etc., including transportation, if applicable, will be _____ per student. There is no charge for transportation if by school bus. Adult supervision will be provided by members of the school staff. Please complete the bottom portion of this form and return it to the school along with the appropriate fee by _____.

Please note if your child has special health problems.

If you have any questions concerning this activity, please do not hesitate to call the school.

_____ has my permission to go to _____
_____ on _____, and in granting permission for this, I understand that I will not hold the school or its personnel liable in case of any accident not caused by the negligence of the school or its personnel. Should an accident or illness occur, the school personnel are authorized to follow whatever procedure is necessary to secure medical treatment as needed.

(Parent or Guardian's Signature)

(Date)

Telephone number where you can be reached during the day. _____