

**Metamora Township High School
FIELD TRIP PERMISSION FORM**

Participant Name: _____ **Birth date:** _____

I give permission for my child (named above) to attend the field trip (named below) with Metamora Township High School. I further give permission for my child to be transported to and from this event by MTHS buses. Students are expected to wear appropriate clothing to complete their assigned project (Red is preferred). Students should prepare for any predicted weather. This day is still considered a student attendance day with alternative educational activities planned. Those that choose not to go on the field trip will be provided with additional alternative educational activities here at MTHS. Students that do not show up to school on this day will be marked absent.

Field Trip Info

Destination: Community Organizations for Volunteer Service

Date of Trip: September 27th

Cost: none

Departure Time: approx. 8:30 AM

Return Time: approx. 10:30 AM

Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

	Phone Numbers	Phone Type (Home, Mobile, etc.)
_____ Name(s)		
_____ Street Address		
_____ City State Zip		

Parent(s)/Guardian(s) Email address(es)

Email address(es)

Other Emergency Contact(s)

	Phone Numbers	Phone Type (Home, Mobile, etc.)

