



DOVER AREA SCHOOL DISTRICT

Empowering and Educating all learners to shape the 21st Century

Dover Area School District Field Trip Permission Form

Field Trip Information

Date(s) of Trip: _____

Destination: _____

Nature or Purpose of Trip: _____

Type of Transportation _____

Time Leaving: _____

Time Returning: _____

Other

Information: _____

Emergency Information

Contact information in case of an emergency

1. Name: _____

Phone Number: _____

2. Name: _____

Phone Number: _____

Please list any allergies, medications, or other medical information about your child:

Parent Signature:

As the parent/legal guardian of _____, I grant permission for him/her to
(Student Name)
participate in the field trip described above.

Parent Signature: _____

Date: _____