

***Francine Delany New School for Children  
Field Trip Permission/Release***

My child, \_\_\_\_\_, has my permission to attend the field trip listed below with his/her class. I understand that reasonable measures will be taken to safeguard the health and safety of my child. In case of an emergency or illness, every effort will be made to notify me. I give permission to any staff member of Francine Delany New School for Children to authorize medical care for my child in case of emergency or illness. I will not hold the school, teacher, or other chaperones personally or financially responsible for any accident or illness that may occur. I understand that my child will be transported to and from the field trip by a teacher or another parent.

Information about the field trip:

What: \_\_\_\_\_

Where: \_\_\_\_\_

When: \_\_\_\_\_

Other Information:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I will drive. I can take # \_\_\_\_\_ of children.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

During the event listed above I can be contacted if the need arises at the following number:

Parent's Name: \_\_\_\_\_

Parent's Telephone: \_\_\_\_\_