



Oak Ridge Schools – Campus Leave/Field Trip Permission Form

Name of Group: _____

Destination: _____

Mode of Transportation: _____ Purpose: _____

Date: ____/____/____ Time: _____ to Date: ____/____/____ Time: _____

Expected Number of Participants: _____ Expected Number of Chaperones: _____

Teacher/Sponsor of Trip: _____

Principal Signature: _____ Date: _____

Fee Requested (if any)*

*In the course of learning throughout the school year, there are always opportunities to go above and beyond what the basic curriculum requires. In such cases, it is customary for the school to request a fee in order to cover the cost of these enhancements. These fees are in no way required and your child will not be denied the opportunity to participate or benefit from any curricular offering as a result of not paying a requested fee. The fees simply allow the district to offset the cost of any additional opportunities.

PARENT: Please separate this form and return to : _____ by: _____
(Teacher) (Date)

My child _____ has my permission to go on the Oak Ridge Schools field trip as described above. He/She will abide by the rules of Oak Ridge School and any special rules of the sponsor.

I have read and understand the activities my child will be involved with on this field trip. I understand that the Oak Ridge School System will provide adequate supervision, but as with any activity, injuries may occur. The School System is responsible only for injuries that result from the negligence of their staff. With my signature, I also authorize emergency medical treatment for my child.

I will be responsible for the damage to personal property of others or injury to other people caused by my son/daughter.

Parent/Guardian (printed)

Parent/Guardian (signature)

Date

Please provide 2 Emergency Contact Phone Numbers

Name/Relationship

Number

Name/Relationship

Number