



Elkmont High School
25630 Evan Street
Elkmont, Alabama 35620
(256) 732-4291
Fax (256) 732-3418

FIELD TRIP PERMISSION FORM

STUDENT NAME: _____ GRADE: _____

TEACHER: _____

FIELD TRIP DESTINATION: _____

DATE OF FIELD TRIP: _____

MEANS OF TRAVEL (BUS, CHARTER, ETC.): _____

I acknowledge that my child will be participating in the field trip described above. I hereby release Limestone County Board of Education, the school, its agents, and all volunteer personnel from all liabilities or damage/injuries to my child or his/her property during his/her participation in this event.

Parent or Guardian (Please Print) _____

Parent or Guardian (Signature) _____

Date _____

Phone(Where you can be reached the day of the field trip) _____

**Teachers should fill out all pertinent information prior to giving this form to students. All completed forms are to be clearly marked with teacher's name and class and to be turned in to the office on the day of the field trip before departing.