School trip permission form

Pupil

Pupil's full name

Date of birth

Class

Teacher in charge

The trip

Title or purpose of the trip

Place

Date

Departure time

Expected return time

What this permission covers

☐ This trip only ☐ All supervised trips during the school year

Transport

☐ Coach ☐ Public transport ☐ On foot ☐ Other

Contribution asked of families, if any

Health

Allergies, medication, diet or any other useful information

Family doctor (name and phone)

Person to contact in an emergency

Full name

Relationship to the pupil

Phone

Parent or legal guardian

Full name

Capacity

Telephone

E-mail address

I give permission for the pupil named above to take part in the trip described, under the responsibility of the supervising staff, and I authorise those staff to call the emergency services and to contact the person named above if needed.

Place

Date

Signature of parent or legal guardian

Name in full