

FIELD TRIP INFORMATION

DATE OF FIELD TRIP _____

TEACHER (S) RESPONSIBLE _____

OTHER ADULTS SUPERVISING STUDENTS _____

PLACE TO BE VISITED _____

ROUTE TO BE TAKEN TO AND FROM THE SITE _____

PLACE OF DEPARTURE _____

PLACE OF RETURN _____

TIME OF RETURN _____

OBJECTIVES OF FIELD TRIP _____

PROVISIONS NEEDED _____

ADULTS SUPERVISING STUDENTS WILL BE GIVEN THESE INSTRUCTIONS:

I certify that I request and give my permission for _____ to participate in this field trip. I have read the above instructions and I release the teacher and other supervising personnel and Brookhaven Academy from all liability and waive any claims against them.

PARENT/GUARDIAN SIGNATURE

DATE