

**Fairfield Community High School
Field Trip Permission Form**

I give my permission for my son/daughter, _____,
to participate in the field trip to _____
on _____ (date). If an emergency arises, I can be reached
at the following telephone number _____. If I
can not be reached, I give FCHS staff members' authorization to act in my
child's best interest. This included providing emergency medical treatment,
hospitalization, etc. I also know that my son/daughter,
_____, is to observe all school rules while
on the trip, and failure to do so will result in disciplinary action.

Notarized by:

Signed (student) _____

Signed (parent) _____

Date _____