

STUDENT FIELD TRIP PARENT PERMISSION

Stockbridge High School

Student Name: _____

Emergency Contact Name & Phone: _____

Destination: _____

Date: _____

Mode of Transportation: _____

I understand that liability for accident or injury is my responsibility and not that of Stockbridge High or Elizabeth Cyr. My student has insurance information on her or his person in case of an emergency.

Parent/Guardian Signature

Date