



5145 RR 620 N, Suite G-130, Austin, TX 78732 512-537-7664

FIELD TRIP PERMISSION FORM

Student's Name: _____

Description of Field Trip/Activity: _____

Destination: _____

Date of Field Trip: _____ **Departure Location:** _____

Departure Time: _____ **Estimated Return Time:** _____

Return location: _____

Transportation: _____

I, the parent/guardian of the above-named student have reviewed all of the above information, including the description of the expected activities. I hereby give permission for my son/daughter to participate in this trip/activity. I further consent for my child to be transported to and/or from the above stated activities in a vehicle driven by the instructor or another driver as mutually agreed upon. I approve of the transportation plan as stated above.

I HAVE READ THIS PERMISSION FORM AND UNDERSTAND THAT IQUEST GLOBAL ENRICHMENT CENTER IS RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN THE FIELD TRIP ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

Signature of Parent/Guardian: _____ **Date** _____

VOLUNTEER / CHAPERONE:

- Please check this box if you would like to volunteer/chaperone for this field trip. Thank you in advance for your time!

If yes, in what capacity? _____

EMERGENCY CONTACT INFORMATION

On the date(s) of the above mentioned field trip, I may be contacted at:

Telephone #: _____

In the event that I cannot be reached, please call the following emergency contact person

(optional): **Name:** _____ **Relationship:** _____

Telephone #: _____