



1523 Old Ranch Road 12
San Marcos, TX 78666
Ph. 512.392.9475 Fax. 512.392.2693
smaja@smaja.org

FIELD TRIP INFORMATION

Trip: _____ Date of Field Trip: _____

Location: _____

Transportation: _____ Departure Time: _____ Returning Time: _____

Cost: _____ Lunch: *(circle one)* included or sack lunch

Sponsor(s) Attending: _____

PARENT/GUARDIAN PERMISSION

_____ has my permission to go on the above-mentioned school trip on
(Student Name – PRINT CLEARLY)

_____. He/She is in good physical condition at present and has no serious illnesses or surgeries
(Date)

since the last health examination. I shall make sure that he/she does not attend if he/she is not feeling well. I understand the cost will be \$_____.
(Cost)

In the event of an emergency, I may be reached at _____.
(Phone Number)

If I cannot be reached, please notify _____.
(Name & Phone Number)

(Parent/Guardian Signature)

STUDENT AGREEMENT

I understand and will adhere to all the rules and guidelines of the school during this field trip.

(Student Signature)