

Foster Gloucester Regional Schools

**OUT OF SCHOOL LEARNING EXPERIENCE**  
**PERMISSION FORM**

**Student Name** \_\_\_\_\_  
(Last Name) (First Name) (Cell Phone #)

*Information to be filled out by Teacher*

<input type="checkbox"/> Work Based Learning Experience <input type="checkbox"/> Extra/Co-curricular <p style="text-align: center;"><b>LOCATION:</b> _____</p> <p>Transportation will be provided by:: <i>N/A / School Bus / School Van / Charter Bus / Other:</i> _____</p> <p><b>Date of Trip:</b> _____      <b>Departure Time:</b> _____      <b>Return Time:</b> _____</p> <input type="checkbox"/> Lunch <b>WILL</b> be provided <input type="checkbox"/> Lunch <b>WILL NOT</b> be provided
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\_\_\_\_\_ I would like to order a bag lunch from SODEXO.

List any allergies, food restrictions, or unusual medical problems which the staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

List any medications which the student will need to take regularly during the day trip:

\_\_\_\_\_

*Please notify your son's/daughter's teacher in writing if there are any changes in the above prior to the day of the field trip.*

- I give my son/daughter permission to leave school to attend the above described out-of-school learning trip. I consent in advance to whatever medical treatment or procedures might be necessary for my son/daughter in case of injury or illness during the trip. I understand that every effort will be made to reach me in the case of serious illness or injury.
- I give permission for my son/daughter to be photographed at this event for educational and promotional videos, presentations, newsletters, etc.

\_\_\_\_\_  
(Parent/Guardian Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Name Printed)

\_\_\_\_\_  
(Parent/Guardian Daytime Telephone Number)