352-Exhibit 2
School District of Lodi
Non-Extended Field Trip Permission Form
Lodi _____ School

Dear Parent/Guardian:

Your child has the opportunity to participate in the following field trip away from school.

Teacher:	**Trip Date:**	**Grade Level:**
Trip Destination:		
Trip Purpose:		
Special Clothing Requirements:		
Type of Transportation:	**Location of Departure:**	
Time of Departure:	**Approx. Time of Return:**	
Basic Cost of Trip:	**Money Due By:**	
Additional Spending Money ❑ **encouraged** ❑ **will not be necessary**		
PARENT/GUARDIAN COMPLETE:		
_____ has my permission to participate in the described field trip.		
Will your child need to take any medication during this field trip? ❑ **Yes** ❑ **No** **If yes, please provide the necessary times and instructions for administering medication. The medication must be carried by the teacher.**		
Does your child have any health conditions/or require special accommodations that chaperones on this field trip should be aware of? ❑ **Yes** ❑ **No** **If yes, please explain:**		
Please provide a primary and a back-up telephone number where a parent or designated guardian can be reached during this field trip. **Primary_____ Back-Up_____**		
The teacher will accompany your child on the trip and will use all reasonable precautions with regard to safety and general welfare. If for behavioral/disciplinary reasons your child must return from the trip early and separate from the participating group, you will be responsible for any additional incurred trip expenses.		
Please sign below to indicate permission for your child to go on this trip. **Signature:_____ Date ___/___/___**		

Please return this permission form not later than ___/___/___