

**THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA**  
**Parental or Guardian Permission Slip**

Form #32  
Rev. 06/06

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

Permission is granted for \_\_\_\_\_ to go on a field trip to  
(Student Name) (Grade)  
\_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ accompanied by authorized  
(Destination) (Date) (Time)  
persons employed by the Martin County School District.

**TRANSPORTATION:** School Owned Bus \_\_\_\_\_ Commercial Carrier \_\_\_\_\_  
Private Vehicle \_\_\_\_\_

Will your child require any special medication while on the field trip? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

Does the Health Assistant have this medication? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please explain: \_\_\_\_\_

**ADDITIONAL SPECIAL ACCOMMODATIONS NEEDED (i.e., bus with lift, etc.)** \_\_\_\_\_

**Emergency Name & Phone:** \_\_\_\_\_  
(If parent or guardian cannot be contacted, appropriate action, per Chapter 234.02(2)(a), Florida Statutes, will be taken.)

**Lunch:** No \_\_\_\_\_ Bring \_\_\_\_\_ Buy \_\_\_\_\_ **Admission Price:** \_\_\_\_\_ **Estimated Return Time:** \_\_\_\_\_  
(Amount)

Any excess proceeds from this field trip will be used to benefit the general student population.

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

White/Yellow: School

Pink: Parent