Description: Description: Description: Description: Email-Logo

# Prairie View A&M University Programs for Minors Field Trip Parental Permission Form

The Program Name is planning a field trip. Please review the following trip details and complete, sign, and return the bottom portion of this form to the Program Director no later than due date.

|  |  |  |  |
| --- | --- | --- | --- |
| **Youth Name:**Click here to enter text. |  | | **Date of Birth:**Click here to enter text. |
| **Camp/Program/Event:**Click here to enter text. | | | |
| **Field Trip To:**Click here to enter text. | | | |
| **Date of Trip:**Click here to enter text. | **Time and Place of Departure:**Click here to enter text. | | |
| **Mode of Transportation:**Click here to enter text. | | | |
| **Leader in Charge:**Click here to enter text. | |  | **Phone:**Click here to enter text. |
| **Cost of Trip:**Click here to enter text. | | **Youth Should Bring:**Click here to enter text. | |

Detach below and return to Program Director

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**Youth Name:**Click here to enter text. **Date of Birth:**Click here to enter text.

**Camp/Program/Event:**Click here to enter text. **Field Trip To:**Click here to enter text.

My above named child has my permission to participate in the name of field trip field trip on date. I also give my permission to name of driver/transportation company to transport my child to, from and during this activity.

**Emergency Contact Information:**

|  |  |
| --- | --- |
| **Parent/Legal Guardian #1** | **Parent/Legal Guardian #2** |
| **Daytime Phone** | **Daytime Phone** |
| **Mobile Phone** | **Mobile Phone** |

If I/we cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

**Name Relationship to youth**

**Daytime Phone Mobile Phone**

**Parent/Legal Guardian Signature:**

**Date:**