



**SAINT PAUL PUBLIC SCHOOLS  
FIELD TRIP PARENTAL/GUARDIAN AUTHORIZATION FORM  
TYPE II FIELD TRIPS**

Capitol Hill Magnet School - (651) 293-5918 (Voice) (651) 290-7056 (Fax).

A field trip to: \_\_\_\_\_ is planned by \_\_\_\_\_  
for the purpose of: \_\_\_\_\_ on (date) \_\_\_\_\_  
from \_\_\_\_\_ (time) \_\_\_\_\_ to \_\_\_\_\_ (time) \_\_\_\_\_

The attached form must be completed and returned before the student will be permitted to participate in the above field trip.

**VERBAL APPROVAL WILL NOT BE ACCEPTED.**

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Detach and Return

Field trip Parental Authorization

I/We authorize \_\_\_\_\_ to participate in the field trip  
to \_\_\_\_\_ on (date) \_\_\_\_\_

Does the student have any special health problems or handicapping conditions which will require special attention or supervision on this field trip?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the problem and what special considerations should be made?

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

We understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip.

Date: \_\_\_\_\_ Signature of Parent(s) or Guardian(s)

Telephone: Daytime \_\_\_\_\_ Addresses \_\_\_\_\_

Emergency: \_\_\_\_\_