



FIELD TRIP/WALKING TRIPS PERMISSION FORM

2023 - 2024 SY

Student Name: _____

Grade: _____ Homeroom Teacher: _____

I hereby grant permission for my child to participate in all field trips/walking trips conducted by the Pace Charter School of Hamilton, which the school deems appropriate.

By agreeing below, I further grant permission to Pace Charter School of Hamilton to handle any medical emergencies during a trip in the event that I cannot first be contacted, and time is of the essence.

Note:

Students who receive medication during the school day will receive the same medication while on a field trip/walking trip.

Parent/Guardian Signature

Date