

**FIELD EXPERIENCE PERMISSION FORM  
2009-2010**

Dear Mansfield Families:

Please complete and return the Field Experience Permission Form provided below. All field experiences will be made on school buses and you will be informed as to the nature, time and date of such trips.

If you have any questions, please feel free to call your child's school.



**MANSFIELD PUBLIC SCHOOLS  
FIELD EXPERIENCE PERMISSION FORM**

**CHILD'S NAME:** \_\_\_\_\_

**CLASSROOM TEACHER'S NAME:** \_\_\_\_\_

My child has permission to participate in field experiences planned by the school.

It is understood that my permission is to remain effective for the entire school year, August 2009 to June 2010.

\_\_\_\_\_ A form has been/will be submitted for my child to have medication at school. This medication should be available on field experiences as well.

The name of the medication is: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

***Please note that the school district does not give permission or authorize you to transport any child other than your own on a school-sponsored field experience.***