



Miles Jones Foundation Field Trip Registration Form

Student Information

- Student's Full Name: _____
 - Date of Birth: _____
 - Grade/Year Level: _____
 - School Name: _____
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Parent/Guardian Information

- Parent/Guardian's Name: _____
 - Parent/Guardian's Contact Number: _____
 - Parent/Guardian's Email Address: _____
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Field Trip Details

- Date of Field Trip: _____
 - Destination: _____
 - Departure Time: _____
 - Return Time: _____
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Medical Information

- Does the student have any medical conditions or allergies?

If yes, please provide details:

- Is the student currently taking any medication?

If yes, please provide details:



Emergency Contact Information

- Emergency Contact Name: _____
 - Emergency Contact Number: _____
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Permission and Consent

I, the undersigned parent/guardian, give permission for my child, _____, to attend the field trip to _____ on the date of _____. I understand that all reasonable precautions will be taken to ensure my child's safety during this trip. I agree that the Miles Jones Foundation, its staff, and volunteers will not be held liable for any unforeseen incidents or injuries that may occur.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____

Date: _____

Additional Information

Please provide any additional information or instructions regarding your child's participation in the field trip:
