

Day on the Bizz Johnson Trail – Parent Permission Form
Please complete this form and return it to your student's teacher.

To the Parent:

On May 21, 2026, our class will take a day-long field trip to the Bizz Johnson Trail. We will leave school at _____ and expect to return at _____.

Please complete the lower portion of this letter and return it to me by _____.

Sincerely,

Teacher

We have always placed the health and safety of our students above all other things. However, do we have your permission to obtain medical care for your son/daughter in the event of an emergency? Yes _____ No _____

Does he or she have medical insurance? Yes _____ No _____

Insurance Company Name: _____

Policy Number: _____

Please note any allergies (special medications or diet) or physical conditions, which might limit student's participation in outdoor activities: _____

Name of student: _____ Boy: _____ Girl: _____

Address: _____ Home phone: _____

Emergency phone: _____

I hereby give my consent for the above-named student to participate in "Day in the Desert."

Parent/Guardian Signature: _____ Date: _____