



Davis Waldorf School

Resilience, Relationship, Reverence

2024-25 Field Trip Departure Form

A copy of this form must be given to the class teacher and also turned in to the office.

As of _____ on _____, I, _____ the parent, guardian or
Time Date Print Name

designated emergency contact of _____ / _____
Child's First and Last Name Date of Birth

will be assuming full responsibility for their care and supervision. I am picking them up from the

_____ Field Trip, organized by Davis Waldorf School.
Location

I served as a chaperone during the field trip and am concurrently relinquishing my chaperone duties.

Parent or Guardian Signature _____ Date _____