

Field Trip Permission Form

Your child's class will be attending a field trip to: _____

<i>Date</i>	_____	<i>Time</i>	_____
<i>Location</i>	_____		
<i>Cost</i>	_____		
<i>Transportation</i>	_____		
<i>Notes</i>	_____ _____ _____ _____ _____		

Please return this permission slip by: _____

I give permission for my child _____ in room _____
to attend the field trip to _____ on _____
from _____ to _____
Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to school.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency,
please contact:
Name _____ Phone _____

Parent/Guardian Signature _____ Date _____