

Field Trip

Your child's class plans a field trip. Please sign and return the form by: _____

Field trip destination: _____

Day: _____ Date: _____
Time: _____

Transportation: _____

Cost: _____

Field Trip Permission Slip

My child, _____ has my permission to join the class on
the field trip on this date: _____

I've enclosed \$ _____

I grant permission for my child to receive emergency medical care if needed. If there is
an emergency, I can be reached at the number below.

Name

Contact number

Signature

Date