

Field Trip Permission Form

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

Date: _____ Time: _____

Location: _____

Cost: _____

Transportation: _____

Additional Information:

Please return this permission slip by: _____

I give permission for my child _____ in grade _____

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 _____

Relationship to child _____

Parent/Guardian Signature _____ Date _____