

**FIELD TRIP PERMISSION FORM**



Your child's class will be attending a field trip.

<b>Date:</b>	
<b>Time:</b>	
<b>Location:</b>	

<b>Cost:</b>	
<b>Transportation:</b>	<input type="checkbox"/> Busses <input type="checkbox"/> Parent Volunteers
<b>Notes:</b>	

**Please return this permission slip by:** \_\_\_\_\_

I give permission for my child, \_\_\_\_\_ in Room \_\_\_\_\_, to attend a field trip to \_\_\_\_\_ on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Enclosed is \$ \_\_\_\_\_ to cover the cost of the trip. *(Exact cash or check made payable to the school.)*

**Parents are needed to drive.**

If you would like to drive, please fill in the information below.

Parent(s) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

-----  
In case of an emergency, I give permission for my child \_\_\_\_\_ to receive medical treatment.  
Please contact:

\_\_\_\_\_  
Emergency Contact Name

(\_\_\_\_) \_\_\_\_\_  
Emergency Contact Phone

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date