



PERMISSION SLIP FOR FIELD TRIP

Dear parent/guardian,

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

Date: -----

Time: -----

Special Notes: -----

I give permission for my child, -----, to join
their class for the field trip to ----- on
----- from ----- to -----.

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 Number: -----

Signature: ----- Date: -----