***Insert Name of School Here***

***FIELD TRIP PERMISSION FORM***



|  |
| --- |
| Your child’s class will be attending a field trip to:       |

|  |  |
| --- | --- |
| **Date:** |       |
| **Time:** |       |
| **Location:** |       |

|  |  |
| --- | --- |
| **Cost:** |       |
| **Transportation:** |       |
| **Notes:** |       |

**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 the 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 Number)*** |
|  |  |  |
|  |  |  |
| **(*Parent/Guardian Signature)*** |  | ***(Date)*** |