

FIELD TRIP INFORMATION

Your child's class is planning a field trip.

Please sign and return this form by _____.

FIELD TRIP DESTINATION _____

DATE: _____ TIME: _____

COST: _____

Additional information: _____

FIELD TRIP PERMISSION SLIP

My child, _____ has my permission to join the class on
_____, for a Field trip to _____.
Date Destination

I also grant for my child to receive emergency medical care if needed. If there is
an emergency I can be reached at _____.
Phone

Print Name Date

Signature