Field Trip Permission Form

|  |  |
| --- | --- |
| user  [Room number]  [Email]  [Telephone] | Where: [Destination]  When: [Date], [time from-to] |

# Please return this permission slip by [click arrow to select a date].

I give permission for my child to attend the field trip to [Destination] on [Date], [time from-to].

Please send [$ fee amount] (exact cash or check made payable to school) with this permission form.

|  |  |  |
| --- | --- | --- |
| I am: | able to chaperone | unable to chaperone |

# Special instructions for my child:

|  |
| --- |
|  |

# Emergency contact:

|  |  |
| --- | --- |
| Name: |  |
| Phone: |  |

In case of an emergency, I give permission for my child to receive medical treatment.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Parent/Guardian signature |  | Date |