

Field Trip Permission Slip

Student Name: _____ Date: _____

_____ (school name) will be taking the students on a field trip for an educational experience off of the school grounds. In order for your child to attend this event, you must complete this form and return it to the school on or before _____ (date).

Field trip information

Teacher(s): _____

Date of field trip: _____ Time: _____

Destination (name and address): _____

Method of transportation: Bus Walking Parent drop off Other: _____

If you have questions about this event, you may contact:

Name	Title	Phone/e-mail
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Please complete this section and return it to the school as soon as possible.

Parent/Guardian Name: _____

Phone/e-mail: _____

Name of emergency contact in case I cannot be reached: _____

Emergency contact phone number: _____

I give my permission for _____ (child's name) to attend the field trip on _____ (date) to _____ (location).

I further give permission for my child to receive emergency medical treatment in the event of an emergency.

Does your child have medical needs of which we need to be aware? (circle one): YES NO

If yes, please explain:

Signature of Parent/Guardian: _____ Date: _____