# **PERMISSION FORM**

## [School Name]

|  |  |
| --- | --- |
| 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 ( )trip to |  | on |  |
| from |  | to |  | Enclosed is $ |  |  |
| to cover the cost of the trip. (Exact cash or check made payable to 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 |  |
| Parent/Guardian Signature |  | Date |  |