# **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 | | |  | | |