## Organization name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Permission Form Fillable**

|  |  |
| --- | --- |
| Your child’s class will be attending: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Time |  |
| Place |  |
| Amount needed |  |
| Location |  |
| Instruction |  |

|  |  |
| --- | --- |
| Please return this permission to: |  |
|  |
|  |
| I give permission for my child |  | Year/grade |  |  |
| to attend the  |  | 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 |  |  |
|  |