**Insert Name of School Here**

**FIELD TRIP PERMISSION FORM**



|  |
| --- |
| 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 field trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_.

Enclosed is $ \_\_\_\_\_\_\_\_\_ to cover the cost of the trip. (Exact cash or check made payable to the 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 Number)** |
|  |  |  |
|  |  |  |
| **(Parent/Guardian Signature)** |  | **(Date)** |