



**FIELD TRIP PERMISSION FORM**



Your child's class will be attending a field trip to:

<b>Date:</b>	
<b>Time:</b>	
<b>Location:</b>	

<b>Cost (if necessary):</b>	
<b>Transportation:</b>	
<b>Notes:</b>	

Please return the bottom portion of 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 (if necessary).

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)