

Permission Form



Site:

Fieldtrip / Activity:

Date:

Time:

Location:

Transportation:

Comments:

Please return this permission slip by:

I give permission for my child(ren) to attend a field trip to

On from: to:

In case of emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name:

Phone:

Parent Signature:

Date: