

**SCIO CENTRAL SCHOOL
FIELD TRIP PERMISSION SLIP**

_____ will be going on a field trip to
_____ located at/in
_____ on _____. Students will
leave at _____ and will return to Scio Central School at approximately

Sincerely,

Return at least this half

FIELD TRIP PERMISSION SLIP

My child, _____, has my permission to attend
the field trip to _____ on _____

Please list any medical concerns, allergies, etc.

Parent Phone number: _____ Emergency: _____

Print Parent Name

Parent Signature

Date