

# Field Trip Permission Form

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

|                       |            |             |  |
|-----------------------|------------|-------------|--|
| <i>Date</i>           |            | <i>Time</i> |  |
| <i>Location</i>       |            |             |  |
| <i>Cost</i>           |            |             |  |
| <i>Transportation</i> | Church Van |             |  |
| <i>Notes</i>          |            |             |  |

Please return this permission slip by: \_\_\_\_\_

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I give permission for my child \_\_\_\_\_ in room 201  
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 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 \_\_\_\_\_