FIELD TRIP PERMISSION FORM

Dear Parent or Guardian,

Your child is going on a field trip. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by [Name].

**Field Trip Information:**

|  |  |
| --- | --- |
| Date: | [Date] |
| Location: | [Location] |
| Purpose: | [Purpose] |
| Cash or check payable to: | [Cash] |
| Cost: | [Cash] |
| Means of Transportation: | [Type] |
| Leave school: | [Time] |
| Arrive back at school: | [Time] |
| Special Instructions: | [Instructions] |

Enclosed, please find cash/check in the amount of **[0.00$]** to cover the cost of the trip.

I give my permission for [Purpose] to receive emergency medical treatment.

In an emergency, please contact:

|  |  |
| --- | --- |
| Name: | [Name] |
| Phone: | [Phone] |
| Parent/Guardian Signature: | [Signature] |
| Date: | [Date] |