ELEMENTARY SCHOOLS FIELD TRIP PERMISSION SLIP

Parents of: ___________________________________________ Field Trip to: ______________________________________________

Date of Trip: ____ / ____ / ____ Cost per Student: _________ Lunch: ________________________________________________

Departure Time: __:__ (select AM/PM) Return Time: __:__ (select AM/PM)

Appropriate Clothing: _____________________________________________________________

It will ____ / will not ____ be necessary for parents to pick up students upon their return to school at the time stated above.

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Please return this bottom portion before: ____ / ____ / ____

Please make note: If my child does not go on the field trip, he/she is expected at school on that day. There will be an adult to supervise him/her and work will be left by my child’s teacher. This is not an excused absence. I also give my permission for my child to receive emergency medical treatment in case of accident or illness, even if I cannot be reached first. If any medication is required and not provided to the school, all emergencies will be treated by 911. If you are packing a lunch for your student it needs to be NUT FREE.

Medical Concerns / Needs: __________________________________________________________________________

Comments: _______________________________ __________________________________________________________

I give permission for: __________________________________________to participate in the field trip

to: __________________________________________________________ on ____ / ____ / ____.

Yes I would like to chaperone ________.

Best number to reach me that day is: (____) ______ - ______. If the return time stated above is after the close of school, I will pick up my child at that time. If I am unable to pick up my child, I authorize ____________________________ to pick up my child at the stated time.

______________________________________________________________

Parent Signature