YOUR OFFICE NAME

FIELD TRIP PERMISSION SLIP

Parent or guardian permission for a school or club trip.

Please return by the due date. Students without a signed slip stay at school.

STUDENT

Student name *

Grade / class / team *

TRIP

☐ I give permission for my child to attend this trip, including the transportation described *

Allergies, medications or medical needs

Emergency contact name *

Emergency contact phone *

Can you chaperone?

☐ Yes ☐ No

PARENT OR GUARDIAN

Parent / guardian name *

Signature *

Date *