

# School Field Trip Permission Slip

## Student Information

Student Name

Grade

Teacher Name

## Field Trip Details

Destination

Date

Departure Time

Return Time

## Parent/Guardian Contact

Parent/Guardian Name

Phone Number

Email Address

## Medical Information

Allergies, Medications, or Special Instructions

# Permission

I give permission for my child to participate in the school field trip described above. I understand the school will take all necessary precautions for my child's safety.

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Parent/Guardian Signature

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Date