

Student Travel Permission Slip

Student Information

Student Name

Grade

Age

Teacher's Name

Trip Details

Destination

Date

Departure Time

Return Time

Purpose of Trip

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Emergency Contact

Medical Information

List Any Medical Conditions

List Any Allergies

Medications Needed During Trip

Permission

I give permission for my child to attend the above described trip and authorize emergency medical treatment if necessary.

Parent/Guardian Signature

Date