

# Student Educational Travel Permission Slip

## Student Information

Student Name:

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Grade:

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Teacher:

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## Trip Details

Destination:

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Date:

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Departure Time:

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Return Time:

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## Parent/Guardian Contact

Name:

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Phone Number:

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## Medical Information

Allergies or Special Needs:

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By signing below, I give permission for my child to attend the above educational trip.

Parent/Guardian Signature:

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Date:

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