

Field Trip Permission Slip

Trip Information

Destination:

Date:

Departure Time:

Return Time:

Purpose of Trip:

Student Information

Student Name:

Class/Grade:

Teacher:

Emergency Contact

Contact Name:

Phone Number:

Medical Information

Allergies or Medical Concerns:

Parental Permission

☐ I give permission for my child to attend the above field trip.

Parent/Guardian Signature:

Date:
