

# Language Immersion Trip Permission Slip

Dear Parent/Guardian,  
Your student has been invited to participate in a language immersion trip. Please review the details below and provide your consent.

## Trip Information

Destination:

---

Dates of Trip:

---

Departure Time:

---

Return Time:

---

Teacher/Chaperone Name(s):

---

Contact Number(s):

---

## Student Information

Student Name:

---

Grade:

---

Class/Teacher:

---

## Medical & Emergency Information

Allergies or Health Concerns:

---

Emergency Contact Name:

---

Emergency Contact Phone:

---

Relationship to Student:

---

## Permission & Acknowledgement

I understand the nature of this trip and give permission for my child to participate. In case of emergency, I authorize the supervising adults to seek medical care as needed.

Parent/Guardian Signature:

---

Date: \_\_\_\_\_

Please return this permission slip by: \_\_\_\_\_