

# School Field Trip Permission Slip

**Student Name:**

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**Grade/Class:**

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**Trip Destination:**

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**Date of Trip:**

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**Departure Time:**

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**Return Time:**

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**Teacher/Chaperone:**

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I give permission for my child to attend the field trip stated above and authorize school staff to seek any necessary medical attention if needed.

**Parent/Guardian Name:**

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**Parent/Guardian Signature:**

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**Date:**

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**Emergency Contact Name:**

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**Emergency Contact Phone:**

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**Allergies or Special Instructions:**

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