

# Overnight Trip Bus Permission Slip

## Student Information

**Student Name**

**Grade**

**Parent/Guardian Name**

**Emergency Contact Number**

## Trip Details

**Destination**

**Departure Date**

**Return Date**

## Medical Information

**Relevant Medical Conditions / Allergies**

**Medications (if any)**

## Permission Statement

I hereby give permission for my child to ride the bus and participate in the above overnight trip. I further agree to the conditions and regulations as set forth by the school.

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Parent/Guardian Signature

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Date