



FIELD TRIP PERMISSION AUTHORIZATION

Field Trip Event	
Date:	
Time:	
Address	
Phone:	
Cost:	
Notes:	

Please return this permission slip by _____.

I give permission for my child, _____, in room _____, to attend the field trip to _____ from _____ to _____.

Enclosed is \$_____ to cover the cost of the trip.

In case of emergency, I give permission for my child to receive medical treatment.
In case of such an emergency,

Please contact:

Name

Phone Number

Parent/Guardian Signature

Date