Field Trip Permission Slip Template

**Dear Parent or Guardian,**

Your child is going on a field trip. Please read the information at the top of this form, then sign and return the permission

slip at the bottom of this form by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |
| --- | --- | --- | --- |
| **Field Trip Information:** | | | |
| Date: |  | | |
| Location: |  | | |
| Purpose: |  | | |
| Cost: |  | | |
| Cash or check payable to: |  | | |
| Means of Transportation: |  | | |
| Leave school: |  | Arrive back at school: |  |
|  | | | |
| **Special Instructions:** | | | |
|  | | | |
|  | | | |
|  | | | |

*Save this part of the form for future reference.*

*Cut here*-------------------------------------------------------------------------------------------------------------------------------------------- *Cut here*

*Sign this part of the form and return it to your child's teacher.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to attend a field trip to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Enclosed, please find cash/check in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to cover the cost of the trip.

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive emergency medical

treatment.

|  |  |  |  |
| --- | --- | --- | --- |
| **In an emergency, please contact:** | | | |
| Name: |  | Phone: |  |
| Parent/Guardian Signature: |  | Date: |  |