

# Field Trip Permission Form

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

(child's name) \_\_\_\_\_ has permission to attend a field trip  
to \_\_\_\_\_ on \_\_\_\_\_  
from (start time) \_\_\_\_\_ to \_\_\_\_\_ (return time)

I give my permission for (child's name) \_\_\_\_\_  
to receive emergency medical treatment. In an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please list parent that wants to attend with us on the trip.*

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