

**Field Trip Permission Slip**

| **Date:** | **Time:**  |
| --- | --- |
| **Destination:**  |
| **Grades / Teacher:**  |
| **Cost:**  | **Transportation:**  |
| **Chaperones Needed: \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_ NO Cost Per Chaperone $\_\_\_\_\_\_\_\_** |
| **Notes:**  |

**Please return this permission slip by:**

—-------------------------------------------------------------------------------------------------

Please detach and return the bottom portion to your child’s teacher

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the field trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* Enclosed is $\_\_\_\_\_\_\_\_\_\_\_ for the cost of the trip
* I would like to be a chaperone for this trip and have enclosed $\_\_\_\_\_\_\_\_\_\_\_

 (If you would like to chaperone, please contact your child’s teacher - chaperone needs will change based on trip)

In case of an emergency, I give permission for my child to receive medical treatment. If such an emergency should arise, please contact:

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

Should lunch be needed for this trip:

* I would like VAS to prove a sack lunch for my child (at no cost)
* I will provide a sack lunch for my child

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