

Field Trip Permission Form

Use this in conjunction with the *Liability Waiver and Medical Authorization* form.

Dear Parent/Guardian,

We would love

Please read the information at the top of this form, then sign the permission slip at the bottom of this form and return it to us by March 24, 2019.

Field Trip Information

Date: March 30, 2019

Location: St. Joseph in Quincy

Cost: _____ Cash or check payable to: _____

Means of Transportation: _____

Time of departure from school: _____ Time returning to 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 _____.

Enclosed, please find cash/check in the amount of _____.

Special considerations and information regarding my child: _____

In an emergency, please contact:

Name: _____ Phone: _____; Cell: _____

Parent/Guardian Signature: _____ Date: _____