

FIELD TRIP PERMISSION SLIP

School: [School Name]

Teacher / class: [Name, Grade]

Destination: [Place and address]

Date: [MM/DD/YYYY]

Departure / return: [0:00] / [0:00]

Transportation: [School bus / Walking / Other]

Cost: \$[0.00], due [MM/DD/YYYY]

What to bring: [Lunch, water, weather-appropriate clothes]

Please sign and return the section below by [MM/DD/YYYY].

I give permission for my child, _____, to attend the field trip to [Destination] on [MM/DD/YYYY].

Emergency contact name: _____

Emergency phone: _____

Allergies or medical needs: _____

I can volunteer as a chaperone: ☐ Yes ☐ No

Parent/guardian signature: _____

Date: _____