

Field Trip Permission Slip

School Name: _____

Teacher Name: _____

Child's Name: _____

Date: _____

Location of trip: _____

Time: _____

Cost/Please Send \$ _____

Students will need to bring a lunch: Yes No

_____ Yes, I give my child permission to attend the field trip.

_____ No, I do not give my child permission to attend the field trip.

Parent Signature: _____