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## FIELD TRIP PERMISSION SLIP

I Hereby Certify that my 0	Child			
Has permission to participate in the following Destination:	g Field Trip:	Name		
Date: Departure 1	 Гіте:	am / pm Return Time	am / pm	
Signed Medical Release Form for current so	chool year on file	e. 🔲 Yes 🔲 No		
I am willing to help chaperone if needed.	Yes 🔲	No		
	_	Parent/Guardian Signature	Date	
YOUR CHILD WILL NOT BE PERI	MITTED TO GC	O ON THE FIELD TRIP WITHOUT A SIG	NED SLIP	
		PLEASE SIGN AND RETURN	BY:	
SONSHINE PRESCHOOL AND DAY	Y CARE			
M	Teacher/Cla			
FIE	LD TRIP PE	RMISSION SLIP		
I Hereby Certify that my 0	Child	Name		
Has permission to participate in the following	g Field Trip:	Namo		
Destination:				
Date: Departure 1	 Гіте:	am / pm Return Time	am / pm	
Signed Medical Release Form for current so	chool year on file	e. 🔲 Yes 🔲 No		
I am willing to help chaperone if needed.	☐ Yes ☐	No		
		Parent/Guardian Signature	Date	

YOUR CHILD WILL NOT BE PERMITTED TO GO ON THE FIELD TRIP WITHOUT A SIGNED SLIP

PLEASE SIGN AND RETURN BY: \_\_\_\_\_