



FIELD TRIP PERMISSION SLIP

I Hereby Certify that my Child _____
Name

Has permission to participate in the following Field Trip:

Destination: _____

Date: _____ Departure Time: _____ am / pm Return Time _____ am / pm

Signed Medical Release Form for current school year on file. 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: _____



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