



PERMISSION TO PARTICIPATE IN A FIELD TRIP

My child has permission to attend a field trip to :

Name of Destination:		
Address:		Contact Number:
Description of Trip:		
Date of Trip:	Departure Time:	Return Time:

Special Instructions

CHILD'S NAME	PARENT SIGNATURE & DATE (1 st Initial & Last Name)	ATTENDANCE					
		Leave (location)	Arrive (location)	Hour 1	Hour 2	Leave (location)	Arrive (location)

Vehicle License Plate Number:

Adults attending field trip:

FEEL FREE TO CUSTOMIZE THIS FORM FOR YOUR BUSINESS