

## School Year Field Trip Permission Form

I understand that by signing this permission slip my child will be permitted to attend field trips for this school year. Field trips may be taken as a grade level or as a class. I also understand that some field trips will be based on good behavior and if my child is not eligible for the field trip, he/she is to report to school for class.

Parents, please complete the following information:

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY NUMBERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOSPITAL OF CHOICE: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please state special health conditions of your child, if any:

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PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_