**Trip Permission Slip**

**School/Organization Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parents,

As a part of our study of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, we will be taking a field trip to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We will leave shortly after school starts, and we will take a bus together to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please sign and return the bottom of this page. You can keep this top part for your reference.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **DETAILS** |  | **WHAT TO BRING** |
| **Location** |  |  |  |
| **Date** |  |  |  |
| **Time** |  |  |  |
| **Transportation** |  |  |  |
| **Notes** |  |  |  |

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*Please return this slip by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)*

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_ trip.

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact Name: |  | Phone: |  |
| Notes about my child (medications, etc): |  |
| Parent/Guardian Signature: |  | Date: |  |