(Facility's Name) (Today's Date) (Name of Class) has a special field trip planned and would like your permission to take your child. Date of trip Departure Time Location of Trip______ Return Time_____ Phone (____) Method of Travel Drivers(s) To give permission, please sign the lower half of the permission slip and return it to the class by (Date) (keep the top half for your information) (cut along dotted line and return this half) PERMISSION SLIP FOR FIELD TRIP Child's name (Last) (First) I give permission for my child to attend with (Name of Class) staff on a field trip to (Location of Trip) (Date) I can be reached at () during the hours of the field trip. (Phone Number) Signature of parent/guardian Date

PERMISSION SLIP FOR FIELD TRIP