**Permission Slip**

On the [Add the Date], we will be running a trip to [Add the destination].

The trip will start from [Add the Time] and finish at [Add the Time].

To enable your child to attend this trip please fill in the form below.

………………………………………………………………………………….

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my son/daughter to attend

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Parent’s Name |  | Parent’s Phone Number |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Parent/Guardian |  | Date |