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

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