PERMISSION SLIP

|  |  |
| --- | --- |
| Your child’s class will be attending: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Time** |  |
| **Place** |  | **Location** |  |
| **Cost per Person** |  |  |  |

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Class \_\_\_\_\_\_\_\_\_\_\_

To attend the field trip from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In case of an emergency, please contact:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Phone Number |
|   |  |  |
| Signature of Parent/Guardian |  | Date |



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