



FIELD TRIP NOTICE & PERMISSION SLIP

Today's Date: \_\_\_\_\_ Class: \_\_\_\_\_ Date of Trip: \_\_\_\_\_  
Time Leaving: \_\_\_\_\_ Time Returning: \_\_\_\_\_ Cost per Student: \_\_\_\_\_

Destination: \_\_\_\_\_ Mode of Transportation: \_\_\_\_\_  
Reason for field trip: \_\_\_\_\_ Dress for the day: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

Adults Participating:

Name: \_\_\_\_\_ Role on trip: \_\_\_\_\_  
Name: \_\_\_\_\_ Role on trip: \_\_\_\_\_  
Name: \_\_\_\_\_ Role on trip: \_\_\_\_\_  
Name: \_\_\_\_\_ Role on trip: \_\_\_\_\_

*Detach here and return to the School Office*

Student Name(s): \_\_\_\_\_

**Emergency Contact Numbers for the Day of the Field Trip:**

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Other Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your signature below grants permission for your child to participate in the field trip as described.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_