

My child,		, has my permission to participate in the field trip			
to		with	's class or	<u>'</u> s class on	
Departure Time		Return Time			
Dress Code					
Cost	Per	mission Form due			
Lunch / Snack					
Medication to be take teacher.	n while on field t	trip. Exact dosage, clearly ma	arked, must be given to	your child's	
Name					
Dosage		Time			
<u>Contacts</u> Hor	me No.	Work No.	Cell No.	Other No.	
Mother					
Father					
Other					
In case of emergency, you at the numbers list		arest relative or neighbor we	should contact if we are	unable to contact	
Name		Relationship	Phone		
			Date		
(Parent/Guardian Signatur	re)				
☐Yes, I can drive.	Driver's Name (Please Print)				
	License Plate Number				
	Car Make/Model/Year				
	Cell Phone Number				
	Number of	ımber of passenger seats with proper restraints			
☐No, I cannot drive t	his time.				
PL	EASE COMPLETE	E AND DETACH THE FORM BELO	W FOR YOUR RECORDS		
Field trip to	Date				
Departure time		Return time			
Dress code					
		Due on			
Lunch / Snack					