

FIELD TRIP PERMISSION SLIP

TEACHER: _____ CLASS: _____

DATE: _____

WHERE: _____

HOW: _____

DEPARTURE TIME FROM SCHOOL: _____

ARRIVAL TIME FROM SCHOOL: _____

OTHER INFORMATION: _____

Dress uniform required unless otherwise specified.

I give permission for my child, _____, to go on the above mentioned field trip. I release from liability St. Mary's School and driver's in case of an accident. In the event that I cannot be reached to make arrangements for emergency medical treatment, I hereby authorize school personnel of St. Mary's School to provide transportation and give consent for any necessary emergency medical care for my child.

Parent Signature: _____

Detach and retain for your information

WHEN:

WHERE:

DEPARTURE TIME FROM SCHOOL:

ARRIVAL TIME TO SCHOOL: