



## SCHOOL-AGE FIELD TRIP PERMISSION SLIP

Where \_\_\_\_\_

When \_\_\_\_\_

Transportation \_\_\_\_\_

We will leave the center at \_\_\_\_\_

return by \_\_\_\_\_

Please sign and return to your child's teacher. **Thank you!**

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My child \_\_\_\_\_,

has my permission to participate on the field trip to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date