PERMISSION SLIP-SAMPLE ONLY

EVENT NAME:

DATE OF EVENT:

START TIME: **END TIME:**

PURPOSE OF EVENT: (Provide rationale for educational purposes of this field trip)

I give my permission as the legal guardian of, (child's name) _____ to go to (location) _____ on (date) _____ with (School and Chaperone names) _____.

I understand the transportation will be provided by (Method of Transportation/Company) _____.

During the event I can be reached at (guardian phone number) _____.

In the event that you are unable to contact me, please contact:
Emergency Contact Name:
Emergency Contact Phone Number:
Relationship to the Emergency Contact:

Does your child have any known allergies? Circle one.
Yes/No

If yes, please provide the allergies here:

_____

_____

_____

Special Notes:

_____

_____

_____

Parent/Guardian Signature: Date:

_____