

COMMUNITY ROOTS SCHOOL

Field Trip Permission Form

Your child's class will be attending a field trip to: _____

<i>Date</i>		<i>Time</i>	
<i>Location</i>			
<i>Cost</i>			
<i>Transportation</i>			
<i>Notes</i>			

Please return this permission slip by: _____

I give permission for my child _____ in _____
to attend the field trip to _____ on _____
from _____ to _____
Enclosed is \$ _____

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:
Name _____ Phone _____

Parent/Guardian Signature _____ Date _____