



FIELD TRIP PERMISSION SLIP

Caregiver's Name: _____

Address: _____

Telephone number: _____

Emergency Person's name: _____

Telephone number: _____

Parent/Guardian's name: _____

Parent/Guardian's telephone number(s): Home: _____ Work: _____

Cell: _____ Pager: _____

I grant permission for my child to participate in planned or unplanned field trips.

Child's name: _____

Parent/Guardian's signature: _____

F-0021 (8/11)



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