

# Field Trip Permission Slip

## Student Activities

Student Name:

Grade:

Teacher:

Field Trip Title/Destination:

Date of Trip:

Departure Time:

Return Time:

Purpose/Educational Objectives of Trip:

Special Instructions (lunch, attire, items to bring, etc.):

Medical Concerns or Allergies:

**I hereby give permission for my child named above to attend this field trip.**

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Parent/Guardian Signature

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Date