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Mr. James M. Gibney
Principal

Dr. Harold G. Devine
Superintendent

FIELD TRIP PERMISSION FORM

Dear Parent or Guardian,
Your child is going on a field trip. Please read the information at the top of this form, then sign and return the bottom of this form by _____.

FIELD TRIP INFORMATION:

Date: _____

Location: _____

Purpose: _____

Cost: _____

Cash or check payable to: _____

Means of transportation: _____

Leave school: _____ Arrive back at school _____

Special Instructions: _____

Save this part of the form for future reference.

CUT HERE-----CUT HERE

Sign this part of the form and return to your child's teacher.

_____ has permission to attend a field trip to

_____ on _____

From _____ to _____

Enclosed, please find cash/check in the amount of _____ to cover the cost of the trip.

I give my permission for _____ to receive emergency medical treatment.

In an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____