

Sunshine School & Development Center

Field Trip Permission Form

Date: \_\_\_\_\_

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

\_\_\_\_\_

Date and time of trip: \_\_\_\_\_ Departure: \_\_\_\_\_ Return: \_\_\_\_\_

Location: \_\_\_\_\_

Cost: \_\_\_\_\_

Transportation: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send a sack lunch from home: Yes \_\_\_\_\_ or No \_\_\_\_\_

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Please fill in and return this portion to the teacher by: \_\_\_\_\_ Thank you.

I give permission for my child: \_\_\_\_\_ Room#: \_\_\_\_\_

To attend the field trip to: \_\_\_\_\_

On: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

To cover the cost of the trip enclosed is: \$ \_\_\_\_\_ (Exact cash or check make payable to Sunshine school & Development Center)

My child has permission to get his/her picture taken on this field trip: Yes: \_\_\_\_\_ No: \_\_\_\_\_

In case of emergency, I give permission for my child to receive medical treatment:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

In case of such an emergency please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date