FIELD TRIP PERMISSION FORM

Destination:

Date of Trip:

Leave School At Approximately: Return to School At Approximately:

Cost of Trip:
(Checks should be made out to Hoover-Wood School)
Means of Transportation:

Additional Information Regarding the Trip:

(detach and return lower portion)

- -

I give permission for my child _____
(child's name)

who is in _____ _____
(teacher's name) (grade)

to participate on the Field Trip to :

YES _____ NO _____

I UNDERSTAND THAT IF I DO NOT RETURN THIS PERMISSION SLIP BY , MY CHILD WILL BE UNABLE TO PARTICIPATE IN THE FIELD TRIP AND WILL REMAIN AT SCHOOL.

_____ _____
(Parent Signature) (Date)

Please list all special considerations, medications, etc., that would pertain to this child on this field trip:

_____

_____