

KIDZ, INK
PARENTAL/GUARDIAN PERMISSION SLIP

Description of Field Trip

- a. Date of field trip _____
- b. Time of departure _____
- c. Place of departure _____
- d. Method of transportation _____
- e. Destination itinerary _____
- f. Purpose of trip _____
- g. Cost to student _____
- h. Date of return _____
- i. Time of return _____
- j. Eating arrangements _____



Please complete the form below and return to the teacher.

Name of Student _____

Emergency Phone Numbers _____

My child _____ **MAY GO** on this field trip.
(first and last name)

My child _____ **MAY NOT GO** on this field trip.
(first and last name)

parent/guardian signature

date

Any medical cautions: **YES** **NO**
 (circle one)

Medical information about your child (if necessary) _____

Parent release in case of medical emergency:

If I cannot be reached, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

Parent/guardian _____ **date** _____