

FIELD TRIP PERMISSION SLIP

(Must be completed and returned before the date of the trip, NO EXCEPTIONS)

CLASS: _____

PAID _____
(CHECKS ONLY)

DATE OF TRIP: _____

DESTINATION OF TRIP: _____

MEANS OF TRAVEL: _____

TIME LEAVING: _____ TIME RETURNING: _____

COST: _____ BAG LUNCH: _____
(CHECKS ONLY)

Class: _____

Paid: _____

Date of trip: _____

I, _____, am giving The Richard F. Blake Children's Center permission to transport my child, _____ to the above destination. The signature below is approved for the above-stated trip only.

PARENT'S SIGNATURE

DATE

IN THE EVENT OF A MEDICAL EMERGENCY, I AUTHORIZE THE RICHARD F. BLAKE CHILDREN'S CENTER TO SEEK EMERGENCY MEDICAL CARE FOR MY CHILD AS DEEMED NECESSARY BY THE DIRECTOR.

PARENT'S SIGNATURE

DATE