

LAVALLETTE ELEMENTARY SCHOOL

FIELD TRIP PERMISSION SLIP

_____ has my permission to go on an educational
field trip to _____

on _____

between the hours of _____

Transportation to be by _____

I understand that every reasonable precaution will be taken to protect the health and safety of my child while on a school excursion.

I hereby authorize the Board of Education representative in charge to exercise his/ her authority in securing first aid and/or medical treatment for my child in the event of illness, accident, or injury sustained while on this trip.

My child must take medication during the time of the field trip: _____ Yes _____ No

Please indicate how your child will get home: _____ will be picked up _____ may walk home

Signature of Parent or Guardian

Date

Telephone Number

Emergency Telephone Number

FIELD TRIP INFORMATION (Detach and keep for your information)

DESTINATION: _____

DESTINATION TOWN: _____ STATE: _____

DESTINATION PHONE NUMBER: _____

TRIP LEAVES AT: _____ RETURNS AT: _____

TRIP DATE: _____