

# ALTA-DUTCH FLAT UNION SCHOOL DISTRICT

Dear Parents:

*Your child's class is planning an educational field trip.*

1. To \_\_\_\_\_
2. In order to learn \_\_\_\_\_
3. The class will leave school on \_\_\_\_\_ (Date)  
at \_\_\_\_\_ and return to the school by \_\_\_\_\_ (Time)
4. The class will travel by \_\_\_\_\_  
(Walk – Bus – Private Cars)
5. Lunch arrangements will be \_\_\_\_\_
6. Cost of trip for each child \_\_\_\_\_

*Participation in this event is purely voluntary. In order that your child may participate with the class in this field trip, will you please complete, sign and return this note. **This permission slip MUST be returned by the day before the field trip or your student will not be allowed to attend.***

\_\_\_\_\_  
Teacher

.....  
RETURN BOTTOM PORTION

My child, \_\_\_\_\_, has permission to go to  
(Name and grade)

\_\_\_\_\_, on \_\_\_\_\_.  
(Destination) (Date)

Please order a school sack lunch for my child. \_\_\_\_\_ YES \_\_\_\_\_ NO

Parents' Telephone Numbers \_\_\_\_\_  
(Home) (Work)

Emergency Name and Number \_\_\_\_\_  
(Name) (Phone)

*I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility for such treatment. I authorize the school to choose a doctor in case of emergency.*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)