Field Trip Permission Slip

Wylari

One slip per child, per trip. Return by the due date — children without a signed slip stay back with alternate care.

THE TRIP

Destination (venue name & address) _____

Trip date _____

Leaving at _____

Returning by _____

Getting there

☐ Walking ☐ Program vehicle ☐ Bus ☐ Other: _____

Supervision (adults attending / ratio) _____

Cost (if any) _____

Please send with your child (lunch, sunscreen, boots, etc.) _____

PARENT CONSENT

Child's name _____

Best phone number for me during the trip _____

I give permission for my child to take part in the trip described above, including travel by the method shown. If my child needs medical attention during the trip and I cannot be reached right away, I authorize the provider to seek emergency care for my child.

Parent / guardian signature _____

Date _____

--- for your fridge ----------

Trip reminder: destination _____ date _____ leave _____ send: _____