

Date:		Time:	
Location:			
Cost:			
Transportation:			
Notes:			

Please check one:

- My child can use a school booster seat for this trip.
- I will provide a booster seat for my child's use for this trip.
- My child does not require a car seat or booster seat.

Please return this permission slip by _____.

I give permission for my child _____

to attend: _____

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Please indicate if you would like to chaperone and how many children you can take in your car.
Please do not include your front passenger seat.

Name _____ # of passengers _____

We sometimes have more volunteers than are needed for a field trip/going out. We will contact you to confirm your participation. **Thank You!**