

Your student will be attending a field trip/going out

<i>Date</i>	<i>Various during school year</i>	<i>Time</i>	<i>Various</i>
<i>Location</i>	Grocery store, library, pet store, etc.		
<i>Cost</i>	n/a		
<i>Transportation</i>	Staff chaperones and school vehicles		
<i>Notes</i>			

*Please check one:*

- I will provide a car seat for my child's use 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 the going out to \_\_\_\_\_ on \_\_\_\_\_

In case of 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!***