

FIELD TRIP PERMISSION SLIP

I grant permission for: _____
Name of Student (Please Print)

To participate in a field trip to: _____
Place/Activity/Event

On the following date(s): _____

Approximate time scheduled to return: _____

Method of transportation: _____

- I understand that all students going on this trip will be responsible in conduct to the bus driver, adult sponsors, and chaperones at all times. I understand that ALL CHAPERONES WILL BE 21 YEARS OF AGE OR OLDER.
- I understand that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to **in writing** by the Regional Manager.

Host Family Parent Signature

Date