

**WOLCOTT SCHOOL
FIELD TRIP PERMISSION SLIP**

Many educational values are gained in selected out-of-school experiences. We are planning a field trip described below to enhance our classroom activities. Please signify by completing and signing the bottom portion of this form as to whether or not your child has your permission to participate. Please return by _____.

Thank you.

Superintendent

Description of field trip _____

Location _____ Date _____

Time of departure _____ Approximate time of return _____

Means of transportation _____ Cost of trip _____

Chaperones _____

Teacher _____

Parent Permission Form

I give permission for _____ to participate in the
Student _____ field trip described above.

Name of field trip _____

Parent Signature

Emergency Information

In the event of an emergency on the day of the field trip, please contact:

Phone _____
Cell Phone _____

List any current health problems _____

