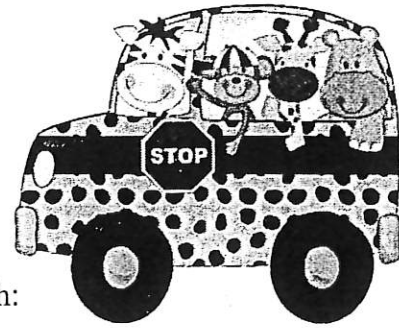




OAKS

Field Trip Permission Slip



_____ has my permission to go with:
Student's name

Teacher: _____

Date: _____

Destination: _____

Cost: _____
(Will be charged to your account)

Departure Time: _____ Returning Time: _____

Purpose: _____

Transportation: _____

If in the course of the trip, it becomes necessary for my child to receive medical attention, the staff has my permission to take him/her to the nearest hospital. The doctor and/or hospital has my permission to start the needed treatment. I will be available at the following numbers:

_____ or _____. Otherwise contact _____

at this phone number: _____. These numbers are required for your child to go.

____ I can drive on the field trip. I can provide transportation for _____ students **including** my own child.

____ I am not able to go on this field trip.

Parent signature

Date

Cut form here. Keep bottom as a reminder of details.

Teacher: _____

Date: _____

Destination: _____

Cost: _____

Departure Time: _____ Returning Time: _____

Field Trip Uniform: _____

Lunch Arrangements: bring sack lunch _____, lunch available for purchase _____, no special arrangements _____.

Permission slip due by: _____

Special Notes: