

EDUCATION

# Permission Slip

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School Name:

Teacher:

Grade / Class:

TRIP / ACTIVITY DETAILS

Activity Name:

Date:

Departure Time:

Return Time:

Destination:

Transportation:

ADDITIONAL INFORMATION

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PARENT / GUARDIAN CONSENT

I give permission for my child to participate in the above activity. I understand the details provided and accept responsibility.

Student Name:

Parent Name:

Emergency Phone:

Parent Signature:

Date:

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