

FIELD TRIP INFORMATION

Field Trip

Date:

To:

Times:

Dress:

Lunch:

Please return the lower portion of this form to your teacher. Keep the top section of this form for your information.



FIELD TRIP PERMISSION SLIP

This permission slip allows my child, _____ to participate in a Carden Arbor View School field trip with his/her class to: _____ on _____, 20__

In case of emergency, you have my authorization to call the emergency numbers listed below and if no one responds you may obtain emergency medical treatment. I hereby release Carden Arbor View School, its employees and representatives from any liability whatever arising out of said child's participation in this activity or in the transportation in connection therewith.

Parent Signature: _____ Date: _____

Child's Physician: _____
Name Phone Number

I can be reached at: _____

Dress: _____

Lunch: _____