

OVERNIGHT FIELD TRIP PERMISSION SLIP

Dear Parents/Gua	rdians:		
The	trip to Plea	ase ensure your child is	, is scheduled for the shere at (am/pm) on
	,and rea	ady to board after an in make certain that objed	espection of students' luggage, handbags, ets and materials prohibited by the law
supervision for our will find the opportu with our students. E	students at all times. Howe inity to break a rule. Part of Every student is made awar	ver, despite extensive our preparation includ e of what is expected	enjoyable while maintaining maximum planning, any student who chooses to, es a formal discussion of our trip rules of him or her. Any serious infraction will shild up at their own expense.
community proud o		tten for that group but	nanner that will make the school and to help provide safeguards that you as a es of:
2. 3 3. H	Emergency Authorization form Fentative Itinerary Hotel name, address, telephor Medication policy		
authorization form, below and return al	sign and have your child si I three to the school on or by your child will be provided	gn the trip information/ pefore	n this trip, fill out the emergency trip rules form, sign the signature block If we do not receive these signed ernative program at the school rather than
If you have any que cooperation and su	· ·	feel free to call the scl	nool office. Thank you for your continuing
Sincerely,			
Principal			
Trip to:		on	
as well as an inspe on the field trip. I ha	ction of all luggage, handba	ag, personal belonging urned the Emergency <i>i</i>	to my child's participation in this field trip, s, and carry-on items which my child takes Authorization form and the trip sted above.
Name of	Student	P	arent's/Guardian Signature
Dated:			

Revised: 4/17/23