



CROSSROADS
SCHOOL

Field Trip Permission Slip

_____ I/We DO give permission for my child, _____, to join the class on field trips.

_____ I/We DO NOT give permission for my child, _____, to join the class on field trips.

*Proper notice will be given to parents regarding field trip details as they occur.

I grant permission for my child to receive emergency medical care if needed. If there is an emergency, I can be reached at the number below.

Name _____

Signature _____

Contact # _____

Date _____