

CHENEY PUBLIC SCHOOLS
EXTENDED FIELD TRIP PERMISSION SLIP

School _____ Teacher _____

_____ has my permission to visit
(Student's First and Last Name)

_____ on _____
(Description of Event) (Date/s)

from _____ to _____
(Date & Estimated Departure Time) (Date & Estimated Time of Return)

As parents, we fully understand the added responsibility of this field trip or activity, and will discuss with our child the need for additional care and compliance with adult directions.

My child will need to take medication with him/her Yes _____ No _____

Medication(s) my child will take with him/her on the field trip:

In case of an emergency, I can be reached by phone at

Home: _____

Work: _____

Cellular: _____

Emergency Contact: _____

Phone: _____

Signature of Parent/Guardian/Custodian

Date

Remarks:

