

# Madison City Schools Field Trip Permission Slip

School: JCHS Grade: 9-12 Date: 2/15/18

**Memorandum to Parents:**

On 2/15/18 our class will be taking a field trip to Wallace State / Hanceville  
Date Name of Place

At Hanceville at approximately 12:00 o'clock.  
Location Time

To JCHS at approximately 4:30 PM o'clock  
Place of Return Time

Mode of Transportation: MCS School Bus

We would like for your child to accompany us on our trip. Supervision will be provided for all students. Your child is expected to follow all school/classroom rules.

In event of a date change you will not receive another permission slip, however, you will be notified of the change.

Please complete, sign and return the lower portion no later than 2/14/18.  
Date

\_\_\_\_\_  
Teacher's Signature

*Wade Waldrop*  
Principal's Signature

## Madison City Schools Field Trip Permission Slip

Teacher Name Wade Waldrop / Rocky Smith School JCHS

I wish  I do not wish

To give my permission for my child \_\_\_\_\_  
Child's Name

To accompany your group on the field trip to Wallace State / Hanceville  
Name of Place

At Hanceville on 2/15/18  
Location Date of Trip

Does your child have any medical problems and/or allergies that we should be aware of?  
\_\_\_\_\_

Will your child require any medication on this field trip? \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

The Madison City School System has my permission to seek any medical treatment necessary for my child during a school-sponsored field trip.

Parent's Contact Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date