

Madison City Schools

Field Trip Permission Slip

School: _____ Grade: _____ Date: _____

Memorandum to Parents:

On _____ our class will be taking a field trip to _____
Date Name of Place

At _____ at approximately _____ o'clock.
Location Time

To _____ at approximately _____ o'clock
Place of Return Time

Mode of Transportation: _____.

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 _____.
Date

Teacher's Signature

Principal's Signature

Madison City Schools

Field Trip Permission Slip

Teacher Name _____ School _____

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 _____
Name of Place

At _____ on _____
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