

NGA FIELD TRIP PERMISSION SLIP

Print Student Name	
Destination of Trip	HNGA Community Service Projects
Date of Trip	12/15/2017
Leave Time of Trip	8:30 am
Return Time of Trip	11:00 am
Transportation	School Bus

Parent Contact Information

Parent/Guardian Name:	Phone number:
	Home:
	Work:
	Cell:

EMERGENCY MEDICAL INFORMATION

If during the trip an emergency occurs which requires medical treatment, I give permission to have emergency medical treatment administered to my child by qualified personnel.

Emergency Contact #1	Name:	Number:
Emergency Contact #2	Name:	Number:

** Please list any medications/allergies:

My child, _____, has permission to attend the above field trip. All students must follow NGA code of conduct and rules set forth by the organizers of this field trip.

Parent Signature

Date