

JADE SADC



Field Trip Permission Form

Your child will be attending a field trip to: _____

<i>Date</i>		<i>Time</i>	
<i>Location</i>			
<i>Cost</i>	\$0.00		
<i>Transportation</i>	JADE BUS		

Please return this permission slip by: _____

I give permission for my child _____	
to attend the field trip to _____ on _____	
from _____ to _____	
In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:	
Name _____	Phone _____
Parent/Guardian Signature _____	Date _____