

Southgate Academy Field Trip Permission Form



Your child's class will be attending a field trip as follows:

Location: _____

Mode of Transportation: _____

When: Day _____ Date _____

Time: Leave School _____ Return by _____

Cost: \$ _____
(Exact cash)

Additional instructions: _____



Please return permission slip to your child's teacher by _____

I give my child, _____, in _____

Permission to attend the field trip to _____

on _____ from _____ to _____

I have enclosed \$ _____ to cover the cost of the trip.

I give my permission for my child to receive emergency medical treatment. I will not hold Southgate Academy responsible for any injuries or expenses. In case of emergency, please contact.

(Name)

(Phone)

(Parent/Guardian signature)

(Date)