Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent(s),

Your child's class will be traveling to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in learning opportunity, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The class will be traveling by:

**Circle One**
School Bus Activity Bus MCS Minivan MCS Sedan

to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and plan to leave the school at \_\_\_\_\_\_\_\_\_\_\_ and return by \_\_\_\_\_\_\_\_\_\_\_.

The school cafeteria \_\_\_will or \_\_\_ will not prepare a bag lunch for students. The cost of the field trip is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you wish for your child to attend, please be sure to fill out this permission slip and return it to school.

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Telephone Number

 ✄\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

(Keep top half as reminder)

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to attend the field trip listed above with his/her class. I understand that reasonable measures will be taken to safeguard the health and safety of my child.

I understand that there are certain risks associated in traveling and participating in academic opportunities outside of school, such as auto-accidents and sudden illnesses. I understand that my child's attendance and participation in this field trip is voluntary. In consideration of the school allowing my child to attend this field trip, I hereby release the McDowell County Schools and Board of Education, its employees and adult supervisors from any injury, personal or otherwise, to my child or caused by my child.

In case of an emergency or illness, every effort will be made to notify me. I give my permission to any staff member of McDowell County Schools to authorize on my behalf medical care for my child in case of emergency or illness. I will not hold the school, teacher, or other chaperones personally or financially responsible for any accident or illness that may occur.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following allergies that the teacher should be aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During the event listed above I can be contacted if the need arises at the following number:

Parent's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent's Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_