

Widefield School District #3 Field Trip Permission Slip

School Name: _____

Student Name: _____
(Last Name) (First Name)

Permission is granted for the above named student to participate in the field trip as follows:

Field Trip Destination: _____

Date: _____

Departure Time: _____

Return Time: _____

Sack Lunch Required: Yes _____ No _____

Special Activity Cost: \$ _____

Cost Includes: _____

(Cut along dotted line and return bottom portion to school prior to field trip date.)

School Name: _____

Student Name: _____
(Last Name) (First Name)

Field Trip Destination: _____

Date: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Home Telephone Number: _____

Work Telephone Number: _____

Other Telephone Number: _____

Does your child take medication at school? Yes _____ No _____

_____ Date

_____ Parent/Guardian Signature