



**FIELD TRIP PERMISSION SLIP**

|                                 |            |          |                  |
|---------------------------------|------------|----------|------------------|
| Date of Trip                    | [ ]        |          |                  |
| Time                            | Departure: | [ ] A.M. | Return: [ ] P.M. |
| Place                           | [ ]        |          |                  |
| Cost<br>(Exact amount required) | [ ]        |          |                  |
| Special Instructions            | [ ]        |          |                  |

**Emergency Contact Information**

| Contact Name | Phone Number | Relationship |
|--------------|--------------|--------------|
|              |              |              |

List any medical needs such as allergies to food or bee stings, asthma, diabetes, heart, seizures or any other medical conditions.

\_\_\_\_\_

My child \_\_\_\_\_ has my permission to attend the school field trip  
(Print Student Name)  
 as stated above. I also authorize school personnel to act for me in any emergency, accident, or illness and release the Board of Education of the City of Chicago, its officers, members, employees, agents and volunteers from any liability or claims arising out of or in connection with this trip.

|                                 |      |
|---------------------------------|------|
| Parent/Legal Guardian Signature | Date |
|---------------------------------|------|

Check here if you would like to be a chaperone. The teacher will contact you **if** you are needed for the field trip.