



ROBERT J. RICHARDSON MIDDLE SCHOOL
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MRS. CLOUSTON, PRINCIPAL MR. LEAL & MR. GOMEZ, ASSISTANT PRINCIPAL

FIELD TRIP PERMISSION SLIP

Time Place	Departure:	A.M.	Return:	P.M.
Cost			ACCOUNT OF THE PARTY OF THE PAR	
(Exact amount required)				
Special				
Instructions				
		.		
	Emerge	ency Contact I	nformation	
Contact Name				
Conta	ct Name	Phone N	umber	Relationship
List any medical n	eeds such as allerg			Relationship iabetes, heart, seizure
List any medical n or any other medi	eeds such as allerg	jies to food or bee	stings, asthma, d	iabetes, heart, seizure
List any medical n or any other medi My child	eeds such as allerç cal conditions.	jies to food or bee	stings, asthma, d	iabetes, heart, seizure
List any medical nor any other medi	eeds such as allerg cal conditions.	jies to food or bee has my j	stings, asthma, d permission to atte	iabetes, heart, seizure nd the school field trip n any emergency,
List any medical nor any other medical	eeds such as allerg cal conditions. (Pint Soutent Name) I also authorize ess and release th	has my school personne e Board of Educa	stings, asthma, d permission to atte I to act for me intion of the City of	iabetes, heart, seizure and the school field trip any emergency, of Chicago, its
List any medical nor any other medical	reeds such as allergical conditions. (Pint Statlet Name) I also authorize the ses and release the rs, employees, ag	has my school personne e Board of Educa	stings, asthma, d permission to atte I to act for me intion of the City of	iabetes, heart, seizure nd the school field trip n any emergency,
List any medical nor any other medi My child as stated above, accident, or illne officers, membe	eeds such as allerg cal conditions. (Pint Soutent Name) I also authorize ess and release th	has my school personne e Board of Educa	stings, asthma, d permission to atte I to act for me intion of the City of	iabetes, heart, seizure and the school field trip any emergency, of Chicago, its
List any medical nor any other medical	reeds such as allerg cal conditions. (Ami States (Name) I also authorize ess and release the rs, employees, ag nection with this t	has my school personne e Board of Educa	stings, asthma, d permission to atte I to act for me in ition of the City o ers from any lial	iabetes, heart, seizure and the school field trip any emergency, of Chicago, its