



Pawnee Grade School Field Trip Permission Slip

I give permission for

_____ to

Student's Name

attend the field trip to _____

Destination

with the _____ *Grade/Class on* _____

Date of Trip

Signature of Parent/Guardian

Date Signed

In case of emergency, I can be reached at _____

Phone Number

In case of a medical emergency involving my child, in the event I cannot be reached, I grant the Pawnee School District employee in charge of this field trip, the right to make a medical decision for my child.

Signature of Parent/Guardian

Date Signed