

CONCORD CHRISTIAN ACADEMY

Field Trip Permission Form

Your child's class will be attending a field trip to: _____

| | | | |
|-----------------------|--|-------------|--|
| <i>Date</i> | | <i>Time</i> | |
| <i>Location</i> | | | |
| <i>Cost</i> | | | |
| <i>Transportation</i> | | | |
| <i>Notes</i> | | | |

Please return this permission slip by: _____

I give permission for my child _____
to attend the field trip to _____ on _____
from _____ to _____

Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to school.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____