



**EASTON AREA SCHOOL DISTRICT
FIELD TRIP INFORMATION AND PERMISSION SLIP**

Group Attending: _____

Field Trip: _____

Itinerary Destination: _____

When: _____
(Day / Date / Time)

Departure from school: _____ **Return to school:** _____

Program and Purpose: _____

Adult Supervision: _____

Complete the form below, and then return it to your child's homeroom teacher.

_____ has my permission to attend the grade _____ field trip to:

Place: _____

Day / Date / Time: _____

Pertinent medical information about my child includes:

Health Problems _____

Allergies to _____

Date of last Tetanus booster _____

In case of emergency, notify _____

Relationship to child _____ Phone _____

It is my understanding that this trip is educational in nature and that my child will be away from the school site.

Signature of Parent or Guardian

Date Signed

As a parent I will be attending the trip and plan to transport my child at the end of the event.

Signature of Parent or Guardian

Date Signed