

Eufaula Public Schools

Field Trip Permission Form

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

Date	Time	Location	Cost	Transportation	Notes

Please Return This Permission Slip by: _____

I give my permission for my child, _____, to attend the field trip to attend the field trip described above.

Enclosed is \$ _____ *Please send Exact Cash or Check made payable to Eufaula Schools*

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

Name _____ Phone _____

Parent/Guardian's Signature: _____