## Organization name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Permission Form Fillable

|  |  |
| --- | --- |
| Your child’s class will be attending: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Time |  |
| Place |  | | |
| Amount needed |  | | |
| Location |  | | |
| Instruction |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please return this permission to: | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| I give permission for my child | | | | | | |  | | | | Year/grade | |  |  |
| to attend the | | | |  | | | | | | 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 |  |  |
|  | | | | | | | | | | | | | | |