

### Field Trip Permission Slip

Destination: \_\_\_\_\_\_\_\_\_\_Spare Time Trussville\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_5/19/16\_\_\_\_\_\_\_\_\_\_\_

Depart Time: \_\_8:30\_\_ Return Time: \_\_\_12:00\_\_\_

Cost: \_\_\_$13.00\_\_\_ Teacher in Charge: \_\_\_Coach Lisa and Coach Daniel\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** has my permission to attend the field trip to \_\_Spare Time Trussville\_\_

with  **Coach Lisa and Coach Daniel**  on  **5/19/16 .**

**I consent for the teachers, or chaperones to seek emergency medical care for my child if needed. I understand that the teachers, chaperones, principal, or St. Clair County Board of Education will not be responsible for any accident which might occur on the trip.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent/Guardian Signature Date**

**Please fill in all blanks. If a blank does not apply please put N/A.**

##### Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Father’s Work/Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Mother’s Work/Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

##### Name and Number of Person to Call in Case of an Emergency:

##### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List any condition that your child may have that emergency medical personnel should be aware of:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please choose ONE food choice and ONE drink choice:**

**\_\_\_\_\_\_ Hot Dog and Chips \_\_\_\_\_\_ Pizza**

**\_\_\_\_\_ Mtn. Dew \_\_\_\_\_ Diet Mtn. Dew \_\_\_\_\_ Pepsi \_\_\_\_\_ Lemonade \_\_\_\_\_ Sunkist \_\_\_\_\_ Dr. Pepper \_\_\_\_\_ Water**