

Student's Name \_\_\_\_\_

**Field Trip Permission Slip**

Date: **April 7th, 2014**

Time: 4:15-8:30

Trip Details: Students will remain after school and should arrange transportation at 6:00pm to venue. Parents/Guardians are welcome to attend performance.

\*Pizza will be provided. Students may plan on bringing their own food.

Permission slip is due by: **March 31st, 2014**

**If permission slip is not returned by 3/31/14 student may not be permitted to go on the trip without administrative approval.**

Trip Destination:

Avery Heights Retirement Home  
705 New Britain Avenue  
Hartford, CT 06106

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I give \_\_\_\_\_ permission to attend/participate in this activity.  
*(Please print student's name)*

My child has medial concerns: \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain and provide any details about required treatment or medication that may/will be provided during the field trip described above.

\_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian contact information (on date/time specified above)

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Secondary Emergency Contact:

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_