

TRACY GRACE BRETHREN CHURCH

Field Trip Permission Form

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

Date	_____	Time	_____
Location	_____		
Cost	_____		
Transportation	_____		
Notes	_____		

Please return this permission slip by: _____

I give permission for my child _____
to attend the field trip to _____ on _____
from _____ to _____
Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to Tracy Grace Brethren Church.)

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 _____