

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 _____