

# WILBUR & MCMAHON SCHOOL

## Field Trip Permission Form

Your child's class will be attending a field trip to: \_\_\_\_\_

<i>Date</i>		<i>Time (Depart and Return)</i>	
<i>Location</i>			
<i>Cost: Cash or Checks</i>			
<i>Field Trip Objective</i>			
<i>Transportation</i>			
<i>Lunch Details/Cost</i>			
<i>What Students may/may not bring</i>			
<i>Contact During Trip:</i>	Mrs. Fitzgerald, (401)635-2351 ext. 1000 or cell (401-835-5786 (She will be able to get in contact with the field trip group if necessary)		
<i>Parent Chaperones Needed</i>			
<i>Staff Attending</i>			
<i>Special Instructions for my child</i>			

Please return this permission slip by: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ in room \_\_\_\_\_  
to attend the field trip to \_\_\_\_\_ on \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_  
Enclosed is \$ \_\_\_\_\_ Cash or check made out to Wilbur & McMahon

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 \_\_\_\_\_

