WE'RE GOING ON A FIELD TRIP!

I give my child,	
(Child's Name)	
Permission to accompany his/her class on a field trip to:	
(Destination)	00
Date:Day of Week:	
Time of Departure:	
Time to Return:	
I give my permission for photo's to be taken and possibly publ YES NO	ished on Social Media.
Signature of Parent/Guardian	Date
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Permission slip must be signed and returned to the center or your child will not be allowed to participate in the field trip.