

# Patchogue-Medford High School

## Field Trip Permission Slip

Teacher \_\_\_\_\_

Pupil's Name \_\_\_\_\_

I hereby grant permission for the above student to participate in the trip to \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_

Place \_\_\_\_\_

Time of Departure \_\_\_\_\_

Estimated time of Return \_\_\_\_\_

Cost of trip \_\_\_\_\_

I understand that money paid for this trip may not be returned if the trip is cancelled due to an emergency, and the school district is not fully reimbursed by companies involved.

\_\_\_\_\_  
Telephone number to be called in the event of emergency  
(Please note time of trip)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

To Teachers of: \_\_\_\_\_  
Student name

From: \_\_\_\_\_  
Trip Leader

RE: \_\_\_\_\_  
Trip Title

With your permission, the following students will participate

during periods \_\_\_\_\_

on \_\_\_\_\_  
Day Date

Per 1 \_\_\_\_\_

Per 2 \_\_\_\_\_

Per 3 \_\_\_\_\_

Per 4 \_\_\_\_\_

Per 5 \_\_\_\_\_

Per 6 \_\_\_\_\_

Per 7 \_\_\_\_\_

Per 8 \_\_\_\_\_