

# Community Unit School District No. 300

300 Cleveland Avenue  
Carpentersville, Illinois 60110  
847-426-1300

Revised 7/27/05

## FIELD TRIP PERMISSION FORM

(Keep the top portion for your records)


Student's name: \_\_\_\_\_ Today's date: 8/13/14

 Field trip destination: ECC Date of trip: 8/20/14

\_\_\_\_\_ Departure time: 8:20 am


Location

Returning approximately: 12:00 pm

 Buses will be provided for this field trip to students and adults.

Cost of field trip: n/a Cash or check payable to: \_\_\_\_\_

In order for your child to attend, please return the section below and money to your child's teacher by: \_\_\_\_\_

Teachers  accompanying and supervising this field trip: Tim Bruell



Seb Falinski

Don Lee

### PLEASE CUT OFF AND RETURN THIS SECTION TO YOUR CHILD'S TEACHER

\_\_\_\_\_ has my permission to attend the field trip to  
Student's name

\_\_\_\_\_ on \_\_\_\_\_  
Destination Day / Date

In the event of an emergency during the field trip, I can be contacted at  /  \_\_\_\_\_  
(Area code + telephone number)

In the event I cannot be reached during the above field trip, I authorize the supervising teacher(s) to implement emergency actions that may be deemed necessary.

My child is allergic to the following medications and/or foods: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or legal guardian Relationship to student Date

Note: In the event this field trip is postponed or rescheduled at a later date, this permission slip is valid for the new date.

Please indicate if you would be interested in being a volunteer chaperone for this field trip.

☐ ☐  
YES NO

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**FIELD TRIP PERMISSION FORM***(Keep the top portion for your records)*Student's name: \_\_\_\_\_ Today's date: 8/13/14 Field trip destination: ECC Date of trip: 8/22/14\_\_\_\_\_ Departure time: 8:20 am



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Student's name\_\_\_\_\_ on \_\_\_\_\_  
Destination

Day / Date

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