



Fenwick High School

FIELD TRIP PERMISSION SLIP

Course or Club	
Teachers(s)	
Field Trip Information	Date: Departure: Return: Transportation method:
Description and Destination	
Cost	
Meal	

I/We, the parents/legal guardians of _____ request that the school allow my son/daughter to participate in the field trip listed above. I am aware that all Fenwick School Rules apply while traveling to or from and participating in such events. I give permission for any chaperone to transport and seek medical attention, if deemed necessary.

Please list any Health Conditions or Risks Involved	
Doctor's Name	
Doctor's Phone Number	

Signature of Parent/ Legal Guardian

Signature of Parent/ Legal Guardian

Date

Date

Emergency Contact Number 1: _____

Emergency Contact Number 2: _____

All permission slips must be on file in Student Services no later than forty-eight (48) hours prior to the beginning of the trip. Phone calls will not be taken in lieu of a permission slip.