

FIELD TRIP PERMIT

(Students Pre-K through 8th grades only)

_____ has my permission to go with the _____ grade students of the _____ school on all field trips for this school year of 2017-2018.

Notices will be sent home prior to each Field Trip.

_____ **Date:** _____
(Parent/Guardian Signature)

****ELEMENTARY PHYSICAL EDUCATION ONLY**

Child's Name _____

Please indicate any limitations your child has for full and active participation in Physical Education. (Example: Asthma, Heart Problems, etc.) _____

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