



Field Trip Permission Form

Your child's class will be taking a field trip every Tuesday and Thursday (and occasionally other days of the week)

Location: South San Francisco

Mode of Transportation Walking

When Every Tuesday and Thursday, or occasionally other days of the week.

Time Leave school at 10:15am Return by 12:45pm

Additional Information Teachers cell phone #s are:

Ph #415.671.5512, #415.601.3316

Teachers may not be able to answer phone calls right away but please leave a voicemail with a number to reach you.

I give my child, _____

permission to go on a fieldtrips with his/her class unless I instruct otherwise in writing.

I give permission for my child to receive emergency medical treatment. In case of emergency, please contact:

	<i>Name</i>	<i>Phone Number</i>
1.		
2.		
3.		

My child has special dietary or medical needs such as: _____

Parent's/Guardian's Signature _____ Date _____

Parents are welcome and encouraged to participate in field trip activities.

Parent chaperones may or may not be necessary for this trip. Please indicate your willingness to assist.

If your assistance is needed, the school will contact you.

Yes, I am available to serve as a chaperone. I can be reached at _____.