

FIRST STEPS DAYCARE **FIELD TRIP PERMISSION SLIP**

DATE

WE HAVE A SPECIAL FIELD TRIP PLANNED AND WOULD LIKE YOUR PERMISSION TO TAKE YOUR CHILD.

DATE OF TRIP

LOCATION

DEPARTURE TIME

RETURN TIME

KEEP THE TOP SECTION FOR YOUR INFORMATION

RETURN THE BOTTOM SECTION TO THE DAYCARE DIRECTOR

CHILD'S LAST NAME

FIRST NAME

I give my permission for my child named above to attend the field trip on _____ to _____.
date of trip location

I can be reached at _____ during the field trip.
phone number

Parent printed name

Parent signature

Date