My child, _______________________________ has permission to participate in the field trip to
_____________________________ with _______________________________ class on
_____________________________ Departure Time: ________________  Return Time: ________________
Permission form is due: ________________  Dress code: ________________________________

If medication needs to be taken while on field trip. Exact dosage, clearly marked, must be given to your
child's teacher.

Name ___________________________ Dosage ___________________________ Time _____________

If you would like to chaperone please sign below:
________________________________________________ Phone: __________________________

By checking the boxes, I agree that all my Emergency Contact Information is correct in the following:
☐ RenWeb  (To update: Under School Tab go to Web Forms then Family Demographics)
☐ Emergency Information Record  (filled out at the beginning of the year)

If additional help is needed with RenWeb updates, please contact Willa Bea Coates or Angela
Morrison

Parent/Guardian Signature: ___________________________ Date: ____________________