

Meadowlane Christian School  
FIELD TRIP PERMISSION SLIP

NAME: \_\_\_\_\_

Trip is to: \_\_\_\_\_ On: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Child Needs: \_\_\_\_\_

I hereby give my consent for my son/daughter to make the above-described trip. I understand that the school will not be responsible for accident, injury or loss incurred as a result of this trip.

Parent/Guardian Signature: \_\_\_\_\_

Print Name of Above: \_\_\_\_\_

Please circle one: YES NO I will be a parent volunteer for this outing.