## Pecatonica Schools Field Trip Permission Form

	has my permission to atte	end the field trip to
(Student Name)		(Location)
on		from
(Location)	(Date)	(Departure Time)
o		
(Return Time)		
can be reached at	_	eld trip.
(Emergency Ph	one Number)	
(Perent Sie	rnatura)	(Date)
(Parent Signature)		(Date)

PLEASE LIST ANY MEDICATION OR HEALTH CONCERNS: