

St. Helena's Church

FIELD TRIP PERMISSION FORM



Your child's class will be attending a field trip to: Sherrill Food Pantry

Date:	Nov 30 or Dec 7
Time:	8:00am (please be on time!)
Location:	From St. Helenas

Cost:	Donations (laundry/toiletries)
Transportation:	Walk to Gethsemane Church
Notes:	Please be early so we can leave promptly

Please return this permission slip by: _____

I give permission for my child, _____, in room _____, to attend the field trip to _____ on _____ from _____ to _____.

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

(Name)

(Phone Number)

(Parent/Guardian Signature)

(Date)
