

FIELD TRIP PERMISSION SLIP - DRIVING

Your child is eligible to participate in a school sponsored activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of employees from St. Johns Preschool. A brief description of the activity follows:

Destination:

Designated Supervisor of Activity:

Date:

Time of Departure:

Time of Return:

Method of Transportation:

If you would like your child to participate in this event, please sign and return this statement of consent by:

I hereby consent to participation by my child:

Child's Name

I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above including the method of transportation.

Parent Name (print)

Parent Signature

Date: _____

Drivers needed: (we will post the drivers for our field trip a class day before the trip)

- a. _____ Number of seat belted children I can carry(do not count front seat & allow for car or booster seats)
 - b. _____ Subtract siblings attending
 - c. _____ Subtract your child(ren) in class
 - d. _____ Equals –Number of seat belts available for other children in the class b+c+d should equal a.
- _____ No I'm sorry I can't drive at this time.
- _____ No, I'm sorry I can't drive others, but I will be driving my own child.

COMMENTS:

