

FIELD TRIP PERMISSION SLIP - WALKING

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: WALKING

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: _____

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

_____ No, I'm sorry I can't come with you this time.

_____ Yes, I'd love to come with you!

COMMENTS: