



STONE HILL LEARNING CENTER

Permission Slip for School Trips

Field Trip Place: _____

Cost: *(if applicable)* _____ Date: _____

Time to leave: _____ Time to return: _____

Teacher in charge: _____ Transportation: _____

Purpose: _____

In case of emergency, the teacher in charge can be reached at the following cell phone number during the class trip: _____

NOTE: Please notify your child's teacher if any medical conditions or allergies exist that she/he needs to be aware of. Any medications that your child needs to take during the trip must be given to the teacher, in the original container with clear instructions given as to use. A note authorizing the teacher to administer the medication must accompany the medication and be signed and dated by a parent. The teacher in charge will take all possible care to ensure the safety of the children in her care. Stone Hill Learning Center, Stone Hill Church, its leaders, and employees assume no responsibility for damages, losses, or accidental injury.

Please complete the bottom portion of this form and return to your child's teacher by _____. Keep the top portion for your information.

My child, _____ *(name)* has permission to go on

the SHLC class trip to _____ *(place)*

on _____ *(date)* with _____ *(teacher)*.

Parent Signature: _____ Date: _____