

STONE HILL LEARNING CENTER
PERMISSION SLIP FOR SCHOOL TRIP

1. Name: _____ 2. Date: _____
3. Place: _____ 4. Cost: _____
5. Time to leave: _____ 6. Time to return: _____
7. Teacher in charge: _____ 8. Transportation: _____
9. Purpose: _____

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

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

NOTE: Please notify your child's teacher if any medical conditions or allergies exist that she 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.

My child (name) _____ has permission to go on the Stone Hill Learning Center sponsored class trip to (place) _____ on (date) _____ with (teacher) _____.

Signed: _____
(Parental Signature Required)