

Return by:
Return to:

Student's Last Name (Please fill this in):

PLUMSTEAD CHRISTIAN SCHOOL TRIP PERMISSION SLIP

Date: _____

Location: _____

STUDENT'S NAME: _____

PHONE NUMBER: _____

I give permission for my son/daughter to participate.

I do not give permission for my son/daughter to participate.

At least one parent needs to sign below!

Father/Guardian Signature

Mother/Guardian Signature

Please print name

Please print name

Father's work phone _____ Mother's work phone _____

Father's cell phone _____ Mother's cell phone _____

Please indicate by checking the appropriate box , which phone number we should use if it becomes necessary for us to contact you during the trip.

We request a parent be available during this time period. Thank you!

Please note we cannot accept handwritten notes, phone calls, or other substitutions in lieu of this form. Students who do not return a form with name filled in and their parents' signatures will not be permitted to attend.

At the beginning of the school year, you filled out the Annual Field Trip/Medical Form, which had your emergency contact names, phone number, doctor's name, insurance information, and medical needs of your child (if any). Is this information still up to date? Yes No

If you checked no, please list any new information:

Medications needed by your child on this trip should be listed below. Medications need to be sent in the original prescription bottle. Please have your child bring the medications to the front office on the morning of the trip.

1. _____ 2. _____

3. _____ 4. _____