

Touch By An Angel Daycare & Preschool Academy

Field Trip Permission Form

www.TBAADAYCARE.com (773)237-8222

Your child's class will be taking a field trip to: Approximate No. of Chaperones:

Location:		
Mode of Transportation		
When	Day	Date
Time	Leave school	Return by
Cost	\$	Exact cash or check payable to school
Additional Information		

Important: Please keep the top portion of this field trip permission form for your records.

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Please return this portion of the field trip permission form to Mr./Mrs./Ms.

Please return permission slip to your child's teacher by

I give my child, in Room

permission to attend the field trip to

on from to _

I enclose \$ *(Exact cash or check payable to school)* to cover the cost of the trip.

I give permission for my child to receive emergency medical treatment. In case of emergency, please contact

	Name	Phone Number
1.		
2.		
3.		

My child has special dietary or medical needs such as:

My child and I are familiar with TBAA Code of Conduct and are in agreement that he/she will abide by all rules and regulations while attending this school function.

Parent's/Guardian's Signature Date

Parents are welcome and encouraged to participate in field trip activities.

? Parent chaperones may or may not be necessary for this trip. Please indicate your willingness to assist.

If your assistance is needed, the school will contact you.

Yes, I am available to serve as a chaperone. I can be reached at _