

## Niskayuna Central Schools Field Trip Permission Form

I give permission for my child \_\_\_\_\_ to participate in a field trip to \_\_\_\_\_  
name of child  
\_\_\_\_\_ on \_\_\_\_\_  
place date


They will leave at approximately \_\_\_\_\_ and return at \_\_\_\_\_.


Teacher's Name: \_\_\_\_\_

In case of an emergency, I can be reached at \_\_\_\_\_  
phone number or address

Date \_\_\_\_\_

X \_\_\_\_\_  
Signature of parent or guardian

 This signed permission slip is necessary for us to allow your child to participate on the field trip.

 The school nurse will prepare medication necessary for your child during the field trip.