Town East Christian School Field Trip Permission Slip

I hereby give permission for medical treatment in case of emergency:

Student's Name

Parent's Signature

Town East Christian School Field Trip Permission Slip

JK

Who is going?	
Where?	
When - Date?	
Time Leaving?	
Time Returning?	
Sponsor?	
Cost?	
What to Bring?	

I hereby give permission for medical treatment in case of emergency:

JK