

DREAM ESTEEM DETROIT

Field Trip Permission Form

Your child's class will be attending a field trip to: Dream Esteem Detroit at Wayne State University 10-4-11

Date		Time	
Location			
Cost			
Transportation			
Notes			

Please return this permission slip by: _____

I give permission for my child _____ in room _____
to attend the field trip to _____ on _____
from _____ to _____
Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to school.)
In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:
Name _____ Phone _____
Parent/Guardian Signature _____ Date _____

