**Cascade View Elementary School**

**FIELD TRIP NOTIFICATION & PERMISSION FORM**

**Dear 5th Grade Parents: Date 1/25/2019**

Our class will be going on a field trip **Wed. March 27 – Fri. March 29, 2019**

to **\_\_\_\_\_\_\_\_\_\_\_\_\_Camp Seymour\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We will be leaving school Wednesday, March 27, 2019 @ 10:00AM.**

**Returning Friday, March 29, 2019 @ 11:45AM (Parent pick up or make arrangements for your child). \*\*Times are approximate**

**Transportation will be provided as follows**

**X** Bus transportation will be provided for this trip.

Our destination is near enough to school that we will be walking on this trip. Teacher/parent supervision will be provided.

Please fill out and sign the information below so your child will be able to attend our field trip**. *Please detach and return the portion below to the TEACHER.***

-------------------------------------TEACHER PORTION-----------------------------------------

**Permission Form (taken on field trip with teacher)**

I give my permission for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to go on the field trip on

**March 27 – March 29, 2019.** I also give permission for medical treatment if it is necessary.

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Parent/Guardian Signature Date

In Case of Emergency please contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Relationship Phone