



**Spokane County Head Start/ECEAP/EHS
FIELD TRIP PERMISSION (INDIVIDUAL)**

_____ has my permission to go on a classroom field trip.
(Name of child)

Date of trip: _____ Time of trip: _____

Destination: _____

Transportation: Walking Public bus Contracted bus

Parent or guardian signature _____

RETURN TO YOUR CHILD'S TEACHER
Children who do not have a signed permission slip
may not go on the field trip.