Bridgehampton Union Free School District

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TRIP PERMISSION FORM WE ARE PLANNING A FIELD TRIP TRANSPORTATION WILL BE PROVIDED AND THERE WILL BE ADEQUATE SUPERVISION. IF YOU WISH TO HAVE YOUR CHILD TAKE PART IN THIS ACTIVITY, PLEASE INDICATE BELOW. SIGN AND RETURN TO US AS SOON AS POSSIBLE. PURPOSE OF THIS FIELD TRIP IS: 1000 **DEPARTURE TIME: RETURN TIME:** YOUR CHILD WILL BE RESPONSIBLE FOR BRINGING THE FOLLOWING: Please fill in permission slip below. Tear on dotted line below and return to school. STUDENT NAME HAS MY PERMISSION TO GO ON THE FIELD TRIP TO _____ ON (DATE) ____. IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT THE FOLLOWING: PRIMARY CONTACT NAME: ______ RELATIONSHIP: ____ Address:______Telephone:_____ ALTERNATE CONTACT NAME: _____ RELATIONSHIP: ____ Address:_____Telephone:_____ SIGNATURE OF PARENT OR GUARDIAN