

**WEST FRANKFORT AREA FIELD TRIP/RELATED  
FUNCTION PARENT PERMISSION SLIP**

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STUDENT NAME

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GRADE

MY CHILD HAS MY PERMISSION TO GO ON LOCAL FIELD TRIPS OR RELATED FUNCTIONS DURING THE UPCOMING SCHOOL YEAR UNDER THE SUPERVISION OF THE ST. JOHN THE BAPTIST SCHOOL STAFF AND OTHER CHAPERONES AS NECESSARY. PERMISSION IS ALSO GIVEN TO ADULT SUPERVISORS TO MAKE DECISIONS REGARDING EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

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DATE

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PARENT SIGNATURE

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EMERGENCY PHONE #

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FAMILY DOCTOR

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DR. PHONE