## NEW COVENANT ACADEMY Field Trip/Parental Permission Slip

A(n)	is being planned for the	grade!
Date:		
Destination:		
Time and place of departure:		
Time and place of return:		
Teachers/parents accompanying stu		
Students will need:Expenses:		
Dress:	1'	
Other sup	oplies:	
In case of emergency, the teacher version be contacted immediately.  Teacher's Signature  ***********************************		
My child,	, has permissions to	participate in the
My child, grade's field trip to		·
My child is in good physical condition as him/her or anyone else on this trip/outing		would jeopardize
Parent's/Guardian's Signature:		
Date:		
Emergency Information (only complete to 08 Emergency Form)	his section if information is different t	han submitted 07-
Emergency Contact Person:		
Emergency Contact Telephone#:		
Physician's Name:		
Physician's Telephone Number: _		
Additional Information Needed:		