



High Meadow School

Po Box 552
Stone Ridge, NY 12484
(845) 687-4855

FIELD TRIP PERMISSION SLIP

The _____ grades are going on a field trip on _____
(date)

to _____

I grant permission for my child to participate.

Cost: \$ _____ Time of departure: _____

I can help by driving. Yes _____ No _____ (Please check one)

If yes: I have room for _____ students in my car.
(# of available seat belts)

My driver license information is on file in the office ___ Yes ___ No

Name of student: _____

Emergency Phone #: _____

Health Insurance: _____

Any medications: _____

Known allergies: _____

In the event that neither parent can be contacted in a serious emergency requiring medical attention, you have my permission to take my child _____ to the Emergency Room and this note will serve as authorization for the Emergency Room Staff to take whatever steps necessary for the welfare of my child.

Signature of parent or guardian: _____ Date: _____