

PACT for West Central Illinois
Field Trip Permission

Dear Parent or Guardian:

An educational field trip has been scheduled for your child's class. PACT for West Central Illinois policy requires each child to have advance written permission to go on a field trip. *Students who do not have prior written permission will not be able to participate in the field trip.*

Please complete the lower section of this form and return it to school immediately. Thank you.

Teacher: _____ Date: _____

Date of field trip: _____ Approximate Time: _____

Destination: _____

Your child will need: _____

Contact Name and Number for Field Trip: _____

Mode of transportation: Bus _____ Walking _____

Detach and return this signed portion to your child's teacher.

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Area/Class _____

HS ____ HB ____ CC ____

I give my permission for _____ to go on a field trip
(Child's first and last name)

to _____ and participate in _____
(location) (list activities, equipment, etc.)

on _____ at _____
(date) (time)

Check one:

I will volunteer _____

I cannot volunteer _____

(Parent/Guardian/Foster Signature) / (Date)