

**THE
LIGHTHOUSE
PROGRAM**



After School / Summer Programs
*making a **DIFFERENCE!***

Name of School

TRIP PERMISSION SLIP

I, _____ herby grant permission for my child _____
Name of parent/ guardian *Name of child*

to attend a field trip to _____
Location of trip

on _____. We will depart from the school approximately at _____
Date of trip *Time of trip*

and return to school at approximately _____.
Returning Time

_____ **does not have** my permission to attend this trip.
Name of child

In the event of an emergency, I hereby give my consent for any medical treatment that may be required at the time of this trip.

Signature of Parent / Legal Guardian