



CACTUS TRAILS ELEMENTARY SCHOOL
Field Trip Permission Slip

I give permission for my son/daughter _____
Student Name

To be transported by:

Bus

Car

Walking

To: _____
Destination

On: _____
Date

I understand that the school and the teachers are not responsible for any accident or injury on the trip.
I also understand that the students will be properly supervised by qualified school personnel.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



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