***PAWNEE COMMUNITY UNIT SCHOOL DISTRICT #11***



810 North Fourth Street, Pawnee, Illinois 62558

**Gary M. Alexander**

Superintendent

Phone: 217-625-2471

 **Timothy R. Kratochvil W. Christopher Hennemann Steven L. Kirby**

 Jr. High/High School Principal Grade School Principal Athletic Director

 Phone: 217-625-2471 Phone: 217-625-2231 Phone: 217-625-2471

FIELD TRIP PERMISSION SLIP

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to

Student’s Name

attend the field trip to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination

with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade/Class on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date of Trip

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date Signed

In case of emergency, I can be reached at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Phone Number

In case of a medical emergency involving my child, in the event I cannot be reached, I grant the Pawnee School District employee in charge of this field trip, the right to make a medical decision for my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date Signed