



Field Trip Permission Slip



Cayuga Independent School District
Elementary School Middle School High School

Teacher's Name: _____

Field Trip Date: _____

Departure Time: _____

Anticipated Return Time: _____

Destination/Location of Field Trip:

I give permission for _____, to travel with Cayuga
ISD on the field trip listed above. If the students return after school has been
dismissed, I know that I am responsible for getting my child home once released
from the Field Trip bus.

In case of an emergency, I give my child permission to receive medical treatment. In
case of such an emergency, please contact me at the following:

Medications to be brought: _____

Parent Signature

Phone Number
