**Off-Site Learning Opportunity (Field Trip)**

**Permission Slip**

**The Flynn on January 11, 2018**

**Students will need to bring a bag lunch.**

**TRANSPORTATION WILL BE PROVIDED BY: Bus  
  
Departure: 10:15 Expected Return: 2:30**

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***Please Sign and Return to Mary Cecchinelli prior to January 10, 2018***

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the Off-Site   
 *Please print student name*

Learning Opportunity at the Flynn on January 11, 2018.

In case of an emergency, I give permission for my child to receive medical treatment. In case of such

an emergency, please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please print contact name Phone number*

or: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please print secondary contact name Phone Number*

**Other Emergency/Medical Information Teacher/Chaperone should be aware of:**

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*Parent/Guardian Name (please print) Parent/Guardian Signature Date*