**Peoria Christian School**

**Field Trip Information / Permission Slip**

***MUST BE RETURNED BY: Wednesday, Aug. 23, 2017***

***Class:*** 7th Grade

***Day and Date:*** Friday, August 25, 2017

***Time of Departure:*** 8:30 am **Time of Return:**  12:15 pm

***Nature of Activity:*** Elevate Trampoline Park

***Dress Required:***  PCS casual w/ ***SOCKS***

***Lunch:*** bring disposable sack lunch

***Cost to Each Student:*** $4

***Students Transported by:*** bus

-------------------------------------------------------------------------------------------------------------Tear off and return by ***Wednesday, Aug. 23, 2017***

**FIELD TRIP PERMISSION SLIP**

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the above described field trip to **Elevate Trampoline Park,**8800 N Allen Rd, Peoria, IL 61615 Our family’s medical insurance company is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, our personal policy # is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I give emergency medical personnel permission to provide all necessary medical care in event of an emergency. I understand that I will be contacted as quickly as possible regarding the nature of these services. You need to be aware of the following medical conditions for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

 (Parent Signature) (Date)

Please tear off and return to the teacher by the deadline above.

No Phone call permissions will be accepted.