



5919 Kalaniana'ole Highway, Honolulu, HI 96821 | (808) 396-8846

FIELD TRIP PERMISSION FORM

I give permission for my child, _____, in room _____, to attend the field trip to _____ on _____ from _____ to _____.

Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to the school.)

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

(Name)

(Phone Number)

(Parent/Guardian Signature)

(Date)