



Dickson County Schools Parental Permission for Field Trip

_____ has my permission to make an off-campus field trip with
(Name of Student)

_____ to _____
(group) (destination)

Students will depart _____ at _____ on ____/____/____
(school) (time) (date)

and will return at _____ on ____/____/____. They will travel by _____
(time) (date) (transportation)

accompanied by _____ chaperones. The personal expense of each student is \$_____
(number) (amount)

Does your child have any known food allergies? Yes _____ No _____

If so, please explain: _____

Signature of Parent: _____ Date: ____/____/____