Art Field Trip Permission Slip

Your child will be participating in a fieldtrip to UW-River Falls in River Falls, WI. on Friday, February 5th. The group will leave school at 5:30 am and return to school by approximately 4:45pm.

Teacher: Ms. Godl	oout		
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Please sign and re	eturn with cost for t	rip by Monday	, January 25th.
Child's name			
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_	have any serious a	_	
#2 Name	tact #1 Name n	Tel. #	Tel. #
In case of an accidunable to reach marrangements are	dent or serious illne e, I herby authorize necessary.	ss, and the sc e the school to	hool personnel are make whatever
Ç	Signature	date	