

Anderson **AFTER SCHOOL**

Local Field Trip Permission Slip

Child's Name _____

I give my child permission to participate in all field trips within a forty mile radius of Anderson, SC. I understand I will be informed of all field trips. I also understand that we will travel in cars, mini-vans and buses operated by staff and parents.

Parent Signature _____ Date _____

I give the staff of Anderson After School permission to get medical help for my child. This permission is to be used only in the case of emergency. I understand that I will be contacted prior to such medical help if time allows and every effort will be made to contact me regarding any medical assistance.

Parent Signature _____ Date _____