

# Pleasantdale School District 107

7450 S. WOLF ROAD  
BURR RIDGE, IL 60527

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## Field Trip Permission Form

My child, \_\_\_\_\_, has my permission to attend the \_\_\_\_\_ grade field trip

to: \_\_\_\_\_

on (date of trip): \_\_\_\_\_.

Parent Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

In case of an emergency I can be reached at the following number(s):

1. \_\_\_\_\_ Home/Cell/ Work

2. \_\_\_\_\_ Home/Cell/Work

In relation to this field trip the following medical considerations need to be considered for my child.

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Fees are occasionally required for field trips. Please contact the teacher for information on fees for this trip.