

Field Trip Permission Form
Section 7.34 (5)(c)

SACC Program: **Day-After-Day, Inc.**

Address: **687 Watertown Street**
Newton, MA 02460

Child's Name: _____

I, _____, give permission for my
(Parent/Guardian's Name)

child to attend a field trip to _____
(Location)

by _____ on _____
(Method of Transportation) (Date)

from _____ to _____.
(Time) (Time)

(Parent/Guardian Signature)

(Date)