

# The Finnstitute

Enrichment, Enthusiasm, Exploration

## Field Trip Permission Slip

Date \_\_\_\_\_

My child \_\_\_\_\_ has permission to attend the Finnstitute field trip to:  
\_\_\_\_\_ on (date) \_\_\_\_\_ during regular school hours (9 AM-3PM).  
I give permission for my child to be transported by Mike or Helene Finn or other parent volunteers.

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

Emergency Contact names(s) and numbers \_\_\_\_\_

Any other relevant emergency info, (e.g. Serious allergies, etc.) \_\_\_\_\_