

HENRY HUDSON REGIONAL SCHOOL DISTRICT
TRIP PERMISSION SLIP

I give my permission for _____ to go on a school trip.
Student's Name

Trip with: _____
Club/Class

Location/Activity: _____

Date of Trip: _____

Trip will leave at: _____ Trip will return: _____

Advisor for this trip: _____

Medical Concerns (if applicable): _____

Medication (if applicable): _____

I, _____, agree to make up all missed assignments, tests,
Student Signature
quizzes, etc. when I return from this trip, as I am responsible for all missed work.

Signature of Parent/Guardian

Phone Number

Emergency Contact

Phone Number