

**The Dr. Miller & Genevieve Toombs
Children's Learning Center
Shawnee State University**

FIELD TRIP PERMISSION SLIP

I give permission for my child (first/last name) _____ to participate in walking field trips throughout the school year when planned by the staff as a regular part of the children's program/curriculum. I understand that no such trip will be undertaken unless a safe ratio of adults to children exists.

Types of field trips include: walks on SSU's campus and visits to various buildings on campus as well as occasional walks to the Portsmouth Public Library.

Parents are always encouraged to join us. Please contact the teacher if you wish to be included.

Parent/Guardian Signature

Today's Date

This form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee initials	Date of Review
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