Madison City Schools Field Trip Permission Slip

School:	James Clemens High School	_Grade: _	12th	_ Date: _8/24/2024
<u>Memorandu</u>	m to Parents:			
On 4/26/24 our class will be taking a field		I trip to Dave and Buster's Name of Place		
At	Huntsville	at app	roximatel	y <u>9:30 am</u> oʻclock.
	Location Clemens High, bus loop Place of Return		oximately	Time
Mode of Tran	nsportation: MCS BUS			
for all studen	te for your child to accompany uts. Your child is expected to fol	low all scho	ool/classro	oom rules.
return.	date change, you will receive a r	evised field	i trip pern	nission slip to sign and
Please comple	ete, sign and return the lower po	rtion no lat	er than _	December 1, 2023
Angela M	Mason .	/_	, ,	Date
	eacher's Signature		Principal's	Signature
	Madison Ci Field Trip Per e Angela Mason	•		James Clemens
wish	I do not wish			
To give my p	ermission for my child	(Child's Name	e
To accompan	y your group on the field trip to		nd Buster's me of Place	3
At_Huntsvi		on	April 26,	2024
Does your chi	Location ild have any medical problems a		ate of Trip gies that w	ve should be aware of?
Will your chi	ld require any medication on this	s field trip?		
	rance Company:			
necessary for	City School System has my permy child during a school-sponsoact Number:	ored field tr		nedical treatment
		-		Date
Signature	of Parent or Guardian			Date