

Last minute permission process: Print this form, fill in and sign and fax to 781-320-8126

DEDHAM HIGH SCHOOL

DEDHAM, MA

Permission Slip For Day Field Trips

My daughter/son _____ has my permission to go to _____ on _____ from _____ to _____. I understand he/she will travel by _____ and will be accompanied by _____.

To the best of my knowledge he/she is in good health. I will accept responsibility for any illness or accident, and in the case of emergency, authorize the trip leader to obtain the services of a doctor.

Signed _____

Address _____

Phone No. _____

Alternate phone and address if parent cannot be reached at the above.

Address _____

Phone No. _____