



DEAR FAMILIES,

WE ARE EXCITED TO GO ON A FIELD TRIP TO....

PEROT MUSEUM

DATE TO TRIP

THIS TRIP WILL ENRICH OUR STUDIES

THE PLANETS & SOLAR SYSTEM

THIS TRIP IS SCHEDULE FOR DATE & TIME

1/25/2024 from 9am to 1pm

THE COST OF THE TRIP IS \$

PLEASE SEND MONEY & PERMISSION SLIP BY
PLEASE HAVE STUDENTS WEAR

1/8//2024

BLUE JEAN BOTTOMS, LONGSLEEVES, JACKETS, HATS, COATS

ADDRESS & PHONE NUMBER

**PEROT MUSEUM , 2201 N FIELD ST
DALLAS TEXAS 75201 PHONE 214.428.5555**

PLEASE SEND A SACK LUNCH - YES OR NO

* WE WILL HAVE A COPY OF EACH CHILDS ICE FORM WHILE ON THE FIELD TRIP. *

I DO GIVE MY CHILD _____ PERMISSION TO ATTEND.

I DO NOT GIVE MY _____ CHILD PERMISSION TO ATTEND.

MY SIGNATURE _____ DATE _____

ICE FORM - IN CASE OF EMERGENCY



CHILDS NAME	
CHILDS D.O.B.	
EMERGENCY CONTACT	
CONTACTS PHONE #	
CONTACTS WORK #	
CONTACTS EMAIL	

I GIVE KAPVA PERMISSION TO TRANSPORT MY CHILD TO FIELDTRIPS.

IF MY CHILD HAD A MEDICALLY DIAGNOSED ALLERGY TO FOOD, I MUST MAKE SURE TO COMPLETE AN APP (ALLERGY PREPAREDNESS PLAN – THAT’S SIGNED BY A PHYSICIAN).

I DO GIVE PERMISSION FOR KAPVA & STAFF TO TRANSPORT MY CHILD TO A HOSPITAL IMMEDIATELY IF THERE WAS AN INCIDENT THAT REQUIRES MEDICAL ATTENTION.

PARENT NAME _____ DATE _____

PARENT SIGNATURE _____

