

# Hermosa Montessori Charter School Field Trip Permission Slip

\_\_\_\_\_ has my permission  
to accompany Hermosa Montessori School on a field trip to:

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Date of trip: \_\_\_\_\_

Time: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_   
Emergency contact phone numbers during trip

\_\_\_\_\_   
Medications to accompany student during trip

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