

MADISON CENTRAL HIGH SCHOOL

# Field Trip Permission Form

Your child will be attending a speech tournament at: \_\_\_\_\_

Date	Departure Time:
Cost	Return Time:
Transportation	
Notes	

Please return this permission slip by: \_\_\_\_\_

I give permission for my child

to attend the

on

from

to

Enclosed is \$

to cover the cost of the trip. (Exact cash or check made payable to MC Debate Booster Club)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name

Phone

Parent/Guardian Signature

Date

Parent Judging I will/will not be able to judge. Days: Friday/Saturday (Please Circle)

# Teacher Sign Off Form

Student Name: \_\_\_\_\_

A/B Day (please circle)

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

Tournament: \_\_\_\_\_

All teachers must sign off that you have ***requested*** work on the days you will be missing. Failure to do so by the MONDAY before the tournament will result in removal from registration.

1/5 Block:

2/6 Block:

3/7 Block:

4/8 Block: