



TEAM HAPPY.ORG

Inspiring The Next Generation of First Responders

Dear Parent or Guardian:

Your child is invited to attend a field trip coordinated by Team Happy Foundation (THF).
Please sign/return the permission slip at the bottom of this form by _____

Date: _____

Location: _____

Means of Transportation: _____

Leave school: _____ **Arrive back at school:** _____

Save this part of the form for future reference.

Cut here-----*Cut here*

Sign this part of the form and return.

_____ has permission to attend a field trip to

_____ on (date) _____

from (time) _____.

I give my permission for _____ to receive emergency medical treatment. In an emergency, please contact: _____.

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____