



## FIELD TRIP INFORMATION FORM

My child, \_\_\_\_\_, has permission to go on Vashon Maury Cooperative Preschool field trips within a 30 mile radius of the preschool.

*Parents will be notified of all field trips.*

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

Parents and/or Guardians can be reached at one of the following phone numbers:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_