Guardian Authorization Letter for Class Trip

Date:			
To Whom It May Cond	cern,		
I,	, am the legal guardian of class at	, a (School Name). I here	student in eby give my
permission for my child	class atd to participate in the upcoming cl	lass trip to	on
I understand that the tri appropriate measures for	ip will involve activities such as _ or safety will be taken.		and that
In case of an emergence	y, please contact me at:		
Phone:			
Email:			
In the event of a medic	al emergency, I authorize the staff	f to seek medical attention	on for my child
Thank you for your atte	ention to this matter.		
Sincerely,			
Guardian's Name			
Relationship to Studen	t:		