# Head Start Walking Field Trip Permission Slip

Where: _____

When: _____

Leaving Head Start at: _____ ☐ a.m. ☐ p.m.

Returning to Head Start at: _____ ☐ a.m. ☐ p.m.

Purpose/learning objectives:

My child _____, has permission to attend this walking field trip with Head Start.

Parent/Guardian Signature: _____

Date: _____