## UU Society of Oneonta

## Permission Slip

My child,	, has my permission to		
	e RE field trip to	on	
Please fill to this tr		owing information as it appl	ies
		st drop my child at UUSO ( (time) and pick him/her up	12
	•	•	
•	e time of this field trip, I number(s):	can be reached at the	
If I canno	ot be reached, please cont	act the following:	
Sianature	:	Date	