

# Botts Elementary School

6882 US Hwy 460 East

P.O. Box 39

Denniston, KY 40316

606-768-8052 Fax 606-768-8100

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**Dana Thomas**  
**Principal**

**Jennifer Rogers**  
**Counselor**

\_\_\_\_\_ has my permission to go on the field trip  
to \_\_\_\_\_ on \_\_\_\_\_ (date), with school personnel.

We will leave Botts School at \_\_\_\_\_ (a.m/p.m) and return approximately at  
\_\_\_\_\_ (a.m/p.m). I understand that transportation will be by bus. I also  
understand that reasonable measures will be taken to safeguard the health and safety of  
my child and that I will be notified as soon as possible in case of an emergency.

However, in the event of sickness or accident, I authorize for my child to receive  
emergency medical treatment.

\_\_\_\_\_  
Date

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

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(Detach and return top)

Where:

When:

Departure time:

Return time:

Money Needed:

Type of Dress: