

# FIELD TRIP BAG LUNCH

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Field trip Destination: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Student Name: \_\_\_\_\_

Teacher/Grade: \_\_\_\_\_

Allergy: \_\_\_\_\_

Milk choice: 1% chocolate 1% white Lactaid (circle 1)

Parent signature: \_\_\_\_\_

Cannon Falls Elementary School  
1020 E. Minnesota St.  
Cannon Falls, MN 55009