

SEBASTOPOL UNION SCHOOL DISTRICT

Field Trip Participation Permit

TO: Sebastopol School District

My child, _____,
Name of Student

has permission to accompany her/his class on a field trip to

_____ on _____
Location Date

Transportation for the field trip will be

Departure:

In case of emergency, the above student has my permission to receive first aid services whenever such services are deemed necessary. I authorize the same above named student be attended by a licensed physician and/or taken to the nearest hospital in the event the person in charge deems it necessary.

I will accept the judgment of the person in charge.

Home phone _____

Where parent may be reached:

#1 _____

#2 _____

Date _____ Parent's Signature _____

This form is to be issued and collected by the teacher in charge of the activity. It will be kept on file by the teacher until the end of the school year in which it was received.