PARENT PERMISSION FIELD TRIP FORM

has my permission to attend the field trip on

M  D  Y  Day  Time to  Destination of Trip  School  Teacher  Rm#  Gr.

Transportation will be by:  □ School Bus  □ Auto  □ Walking  □ Other

Would you like the school’s cafeteria to provide sack lunch at your child’s meal rate?  □ Yes  □ No

Special Note to Parents/Guardians:
All medications, both prescription and nonprescription, must be accompanied by an order from a physician and a parental consent form (CVUSD Form #397ss-87 Rev. I 1-90). These forms must be completed prior to the field trip and be given to the staff member in charge of the field trip and the medication.

If your son or daughter has a medical problem, state a description of that problem.

Parent/Guardian Contact Information:

Address
Telephone

Alternative Emergency Contact:

Name
Relationship

Cell Phone - □ Mother/ □ Father

My Signature denotes agreement with the Chino Valley Unified School District Field Trip/Excursion Waiver and Medical Authorization – Minor form, CVUSD 399R.M.-92 Rev., which was signed at the beginning of the school year.

Parent/Guardian Signature

Chino Valley Unified School District

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CVUSD 886R.M. – Rev. 11-6-2012  Distribution:  White - Teacher  Yellow - Site Cafeteria Manager (Please provide to Cafeteria Manager immediately for processing)