

Chino Valley Unified School District  
**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. 11-90). 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 \_\_\_\_\_ Cell Phone -  Mother/  Father \_\_\_\_\_

**Alternative Emergency Contact:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_

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