

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 _____

CVUSD 686R.M. – Rev. 11-6-2012 Distribution: White - Teacher Yellow - Site Cafeteria Manager (Please provide to Cafeteria Manger immediately for processing)

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