

FIELD TRIP PERMISSION

I, _____, give _____ do not give _____ my permission for
(Parent or Guardian Name) (mark one)

_____ to attend the Twin Rivers Career & Technical Education Area
(Student's Name)

_____ Program's field trip on _____
(Program Name) (Date)

to _____ . The trip will be
(Location)

from _____ to _____. Transportation will be _____ provided by the school or
_____ the students will provide their own transportation.

(Parent or Guardian Signature)

(Date)

If my child does not attend, I understand he/she will remain at the home school and complete a written assignment for the class to receive credit for the day's activity.

Please complete the following emergency information.

In case of emergency contact:

1. Name _____ Phone _____

Relationship to student _____

2. Name _____ Phone _____

Relationship to student _____

3. Name _____ Phone _____

Relationship to student _____