

SEMINOLE HIGH SCHOOL

Home of the Chieftains



2703 Hwy 9 West
Seminole, Oklahoma 74868

Wade Rigney, Principal
Blake Johnson, Assistant Principal
McKayla Plett, Assistant Principal

Phone: 405.382.1415
Fax: 405.382.1062

FIELD TRIP PERMISSION FORM

_____ has permission to travel by school bus to and from
(Student's name)

_____ on _____
(place) (date)

I understand that this trip is for the purpose of attending and participating in the:

(Parent/Guardian Signature)

(Date)

FIELD TRIP PERMISSION FORM

I authorize the administration of emergency medical attention to _____ if in the
(student's name)
opinion of the sponsors/chaperones or certified medical personnel, it is deemed necessary to preserve and protect my
child's life and health. I understand that this authorization is effective only for the field trip to the

_____ held on/at the campus of _____
(name of field trip) (field trip location)

on _____
(date)

(Parent/Guardian Signature)

(Date)

In case of emergency contact: _____
(Print Name/Relation) (Phone)



TRADITION NEVER GRADUATES

