6249 Skyway Paradise, CA 95969 Phone: (530) 872-1171 Fax: (530) 872-1172



Julie Crandall, Principal/Superintendent jcrandall@hometech.org www.hometech.org

Field Trip Permission Form

to Butte County CTE (Welding Academy),

Chico

has my permission to go on a field trip to

Date: –

Butte County CTE - Welding Academy on ______ Tuesday, March 28, 2023

Butte County CTE Arrival Time: 10:15am Program End Time: 11:00am

We will be traveling by (circle one option): _	Parent	/ Self Driver
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Field Trip Coordinator: _____Aquina Seher

I give my permission for my son/daughter to participate in this field trip.

Parent/Guardian Signature:

MEDICAL PERMISSION FOR TREATMENT:

Whenever injury or emergency illness occurs to the student listed below while the student is under the supervision of HomeTech Charter School personnel, every attempt will be made to notify the parent or guardian immediately. However, if the parent or guardian is not available and it is felt that the emergency treatment is indicated, the signatures below by the parent/guardian will allow the student to be transferred and treated in a timely fashion. The intention of this form is to grant authority to administer emergency treatment of any and all medical conditions.

Student's Name	Parent/Guardian Signature	D	ate		
Parent Phone Number: Cell:	Work:	_Home:			
Name and Phone Number of persons to contact if parent cannot be reached:					