Field Trip Permission Form
to Butte County CTE (Welding Academy),
Chico

_________________________________________ has my permission to go on a field trip to

__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

Field Trip Coordinator: ___Aquina Seher

I give my permission for my son/daughter to participate in this field trip.
Parent/Guardian Signature:___________________________Date: ___________

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 Date

Parent Phone Number: Cell:________________________Work:______________________Home: ___________________

Name and Phone Number of persons to contact if parent cannot be reached: __________________________