Field Trip Permission Form

to the Butte College Main Campus, Oroville

__________________________________________ has my permission to go on a field trip to

__________________________________________ on __________________________

Arrival Time: 9:00 am  Program End Time: 1:25 pm

We will be traveling by:  ____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: __________________________