



# Siletz Valley Schools

## Permit to Participate in Field Trip

Date: \_\_\_\_\_

To Administrator of School:

I hereby request that you permit \_\_\_\_\_ to participate in a  
(Student's Name)

school field trip/activity to \_\_\_\_\_

on \_\_\_\_\_ . Transportation will be by:  
(Date)

\_\_\_\_\_ School Bus

\_\_\_\_\_ Private Vehicle (The driver may be a parent or a responsible adult including a student over 18 years old).

We will leave at \_\_\_\_\_ and return at \_\_\_\_\_.

Will your child need a sack lunch from the cafeteria at your regular price? ( ) yes ( ) no

I will be able to <sup>?</sup>volunteer ( ) yes ( ) no

If yes, would you as a volunteer like a sack lunch from the cafeteria? ( ) yes ( ) no

I give permission for my child to be seen by a medical team and be transported to a local hospital for immediate care if needed.

As parents/guardians of the above named student, I promise to hold Siletz Valley Schools harmless from any liabilities that may incur from the above-described excursion, except as might arise because of negligence on the part of the school.

The following special health problems should be noted: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Phone Number: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_