**FIELD TRIP PERMISSION FORM**

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| Student Name: |   |
| Field Trip or Activity: | Operation Christmas Child  |
| Place: Suwanee, GA | Date: Dec. 12 2018 |
| Time: 4:00-10:30 |   |   |   |
| Teacher(s) in charge of trip or activity: |  Mrs. Wood  |
| **TO BE COMPLETED BY PARENT** |
| **Parents: Please read and complete this form as requested. If you feel that your child should not attend due to grades, please indicate.** |
| Parent’s name (please print) |   |
| Home Phone: |   | Work Phone: |   | E-mail: |   |
| Emergency contact person: | Emergency phone #: |
| I agree to assume responsibility for any unforeseen accident that might occur during travel or participation in this activity. I also authorize any emergency medical treatment that may be necessary. I further understand that my son/daughter is representing Buford High School at all times when away from school for this activity and he/she is instructed to comply with regulations of the school and of the teachers, sponsors, or chaperones who are in charge of the activity. |
| **Parent /Guardian Signature:** | **Date:** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**STUDENTS MUST WEAR DRESS CODE (Jeans are allowed-no holes). Waiver must be filled out to go. Bring money for food and wear comfortable shoes.**