**FIELD TRIP PERMISSION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.**