

Field Trip Notification Sheet

Activity: _____

Date/Times: _____

Period	Teacher	Signature	Permit Y/N	Concerns
1				
2				
3				
4				
5				
6				

If you are receiving this, _____ is under the impression that this student is
(Club/activity/academy name)
performing at a passing level in your class. Please state "NO" in the "Concern" column
if their grade is under a C.

**Also we are expecting students to make up all work in a timely manner*

Chino Valley Unified School District **PARENT PERMISSION FIELD TRIP FORM**

_____ has my permission to attend the field trip on

 M / D / Y Day Time to _____ Destination of Trip _____ School _____ Teacher _____ Rm# _____ Gr. _____

Transportation will be by: ☐ School Bus ☐ Auto ☐ Walking ☐ Other _____

Would you like the school's cafeteria to provide sack lunch at your child's meal rate? ☐ Yes ☐ No

Special Note to Parents/Guardians:

All medications, both prescription and nonprescription, must be accompanied by an order from a physician and a parental consent form (CVUSD Form #397ss-87 Rev. 11-90). These forms must be completed prior to the field trip and be given to the staff member in charge of the field trip and the medication.

If your son or daughter has a medical problem, state a description of that problem. _____

In an effort to ensure the safety of our students and accompanying staff, this schedule may be subject to change due to uncontrollable factors including, but not limited to, inclement weather, limited and potential emergencies, regional disasters, or a directive issued by a governing agency.

Parent/Guardian Contact Information:

Address _____
Telephone _____ Cell Phone - ☐ Mother/ ☐ Father _____

Alternative Emergency Contact:

Name _____
Relationship _____ Phone _____

My Signature denotes agreement with the Chino Valley Unified School District Field Trip/Excursion Waiver and Medical Authorization – Minor form, CVUSD 399R.M.-92 Rev., which was signed at the beginning of the school year.

Parent/Guardian Signature _____