

SEFFNER CHRISTIAN ACADEMY

Field Trip Permission Slip

Field Trip: **Girls Basketball Final Four**

Location: **The Lakeland Center**

Teacher's Name: **Holmes**

Date and Times of Field Trip: **February 22, Leave 10:45am**

As parents/guardians of _____ we agree that our child may go on the field trip listed above. We understand that our child will be properly chaperoned by representatives of SCA and will be transported by **School Bus**. In the event of a medical emergency and I can not be reached immediately I agree that representatives of SCA may authorize physicians or medical personnel to provide emergency care.

Parent or guardian signature: _____

Student's Name: _____ Grade: _____

I may be reached at the following phone number: _____

Cell phone or additional phone numbers: _____

Comments or medical information we may need to know:

THIS PERMISSION FORM MUST BE RETURNED BY **Feb. 22, 2017, 8am** IN ORDER FOR YOUR CHILD TO ATTEND.