

Seffner Christian Academy
Field Trip Permission

Field Trip: _____

Location: _____

Teacher's Name: _____

Date and Times of Field Trip: _____

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 _____. 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. I also understand that all chaperones must abide by the code of conduct listed in the school handbook.

Parent or guardian signature: _____

Student's Name: _____ Grade: _____

I may be reached at the following phone number: _____

Cell phone or additional phone numbers: _____

* Students and chaperones should abide by the dress code communicated by the teacher.

Comments or medical information we may need to know:
