

Seffner Christian Academy Field Trip Permission

Field Trip: Basketball Final Four- Fan Bus

Location: RP Funding Center- Lakeland, FL

Teacher's Name: SCA High School

Date and Times of Field Trip: Wednesday, March 6, 2019 11:00 am - 3:00 pm

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:

My Student will be riding the bus back to SCA after the game. YES NO (please circle one)

My student will NOT be riding the bus back to SCA after the game. YES NO (please circle one)