

Seffner Christian Academy
Field Trip Permission

Field Trip: Senior Retreat

Location: Andrews, NC

Teacher's Name: Mrs. Duncan

Date and Times of Field Trip: September 20- September 23, 2018

As parents/guardians of _____ we agree that our child may go on the field trip listed above. We understand that our child will be chaperoned by representatives of SCA and will be transported by charter 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:
