

CAVIT FIELD TRIP PERMISSION FORM

_____ has my permission to attend
and participate in _____
Name of Activity

to be held at _____ on _____.

Transportation will be provided by CAVIT.

My child and I understand that this is a school-sponsored activity. The rules, policies and procedures, as outlined in the Governing Board Policy Manual and the Student Handbook of CAVIT apply to this activity and that any infraction of the established regulation may result in disciplinary actions. We also understand that in order for my child to participate he or she must be receiving credit in all classes and that any of his/her teachers may disqualify my child depending on his/her performance in their class.

Student Signature Date

Parent/Guardian Signature Date

Medical Consent (Please Print)

I, _____, parent/guardian of _____

as indicated by my signature below, hereby authorize in advance any necessary medical treatment required while traveling to and from and while attending the activity referenced above. In the event of any incurred medical expenses, I will provide payment of these costs.

Parent/Guardian Signature Date

In case of emergency, please contact parent/guardian at:

Work phone # _____ Home phone # _____

Alternate contact name _____ Phone # _____

The student's home school teachers must complete the reverse in order for student to be eligible to attend this field trip.

TO: High School Teachers
FROM: Mr. Glover, CAVIT Superintendent
RE: Eligibility of Student

This student will be attending a CAVIT activity as part of their CTE training program. In order to participate, he/she must be receiving credit in all classes and that any of his/her teachers may disqualify the student dependent on his/her performance in their class.

Period	Name of Class	Current Class Grade	Teacher Signature
1			
2			
3			
4			
5			
6			
7			
0 or 8th Hour			