

**PRE-ARRANGED ABSENCE FOR FIELD TRIPS**

(Complete and give to the teacher in charge, two days prior to the trip.)

**Proposed field trip to (place)** Sherando High School, 185 S Warrior Dr, Stephens City, VA 22655

**Related to (theme, project, etc.)** Varsity Wrestling Tournament

**Date of Trip** 12/08/2017

**Teacher in charge** Newell, Brent

• **Student Agreement**

While participating in this field trip experience, I will accept my responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

\_\_\_\_\_  
Date

✓ \_\_\_\_\_  
Student Signature

• **Parent/Guardian Permission**

Student's Name \_\_\_\_\_

I give permission for my child to participate in this field trip. I understand that the school will provide supervision for the trip.

\_\_\_\_\_  
Date

✓ \_\_\_\_\_  
Parent/Guardian Signature

The teacher in charge has my permission, in any emergency, to take my child to the emergency room of the nearest hospital. The hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well-being of my child.

\_\_\_\_\_  
Parent/Guardian Telephone Number

\_\_\_\_\_  
Emergency Contact & Phone Number

\_\_\_\_\_  
Allergic to Medication (Specify type)

\_\_\_\_\_  
Date

✓ \_\_\_\_\_  
Parent/Guardian Signature

• **Teacher Notifications**

I understand that the above-named student will be participating in a field trip during the time he/she is scheduled to attend my class. Satisfactory arrangements have been made for make-up work missed.

**Teacher Signatures for Friday, December 9, 2016**

**2nd** \_\_\_\_\_

**4th** \_\_\_\_\_

**6th** \_\_\_\_\_

**8th** \_\_\_\_\_