

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) Fairfax High School, 3501 Rebel Run, Fairfax, VA 22030

Related to (theme, project, etc.) Varsity VHSL 6A North Region Wrestling Tournament

Date of Trip 02/10/2017

Teacher in charge Winfrey, Zachary

• **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, February 10, 2017

6th _____

8th _____