

Job Shadowing Permission Slip

Springfield Public Schools District 186 Field Trip Student Permission Form

Student Name: _____

Name of Field Trip: Senior Day Job Shadowing

Date of Field Trip: April 27, 2011

School: Southeast High School

Teacher: Mr. Calderon

Organization / Business Name: _____

Organization / Business Address: _____

Contact Person: _____ **Phone:** _____

Description of the Job Shadowing Activity: _____

Type of Transportation: Provided by the Student

Number of Students: Senior Class

Number of Chaperones: 1

Adult supervision will be provided on this trip by : See Organization / Business Contact Person

The purpose of the field trip is to: Participate in Senior Days Job Shadowing.

*I understand that all school rules including the **District 186 Student Code of Conduct** are in full force and effect while on field trips.*

In the event of illness or accident to my child and I cannot be reached, I authorize my child to be provided with such first aid treatment, ambulance service, and/or emergency hospitalization as deemed advisable and necessary by school personnel.

Date: _____

Signature of Parent/Guardian: _____

Phone during the day: _____ Home Phone: _____

NOTE: In the event this signed information sheet is not returned to the school prior to departure time, the student will not be permitted to participate in the field trip.