

**Seffner Christian Academy**  
**Field Trip Permission**

Field Trip: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Date and Times of Field Trip: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*THIS PERMISSION FORM MUST BE RETURNED BY \_\_\_\_\_ IN ORDER FOR YOUR CHILD TO ATTEND.*