

### PARENTAL FIELD TRIP PERMISSION

School: Santa Fe High School Teacher: Marching Band Grade: 9-12  
Date: 8/14/17

Permission is requested for your son/daughter to go on a field trip to ALL 2017-18  
BAND TRIPS

with his/her class on \_\_\_\_\_, 20\_\_\_\_. We will leave the school at \_\_\_\_\_ ( ) a.m. ( ) p.m.

We will return to school on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ ( ) a.m. ( ) p.m.

\*Emergency Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Other \_\_\_\_\_

If your son/daughter has permission to go on this trip, please sign below.

Please accept this form as a consent signature for a physician or hospital staff to give emergency treatment of an injury or illness to my son or daughter if medical attention is needed.

#### METHOD OF TRAVEL:

- School Bus \_\_\_\_\_
- City Bus \_\_\_\_\_
- Walking \_\_\_\_\_
- Private Vehicle \_\_\_\_\_
- Driver: \_\_\_\_\_
- Other: \_\_\_\_\_  
(Specify)

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Signature of Parent or Guardian

\*Your student **cannot** go on the trip unless emergency phone number(s) are listed.