

TWIN HILLS UNION SCHOOL DISTRICT
FILED TRIP PERMISSION FORM

SUNRIDGE SCHOOL
7285 Hayden Ave
Sebastopol, CA 95472

Date _____

My child, _____, has permission to go with
the _____ class under the supervision of the sponsoring
teacher to visit _____ on _____, 20__.

Departure Time: _____

Place: _____

Returning Time: _____

Transportation by: _____

Cost to students: _____

I can/cannot (circle one) help as a chaperone.*

In case of emergency, I can be reached by telephone at # _____.

If I am unavailable or time is of the essence, I authorize my son/daughter be taken to
the nearest medical facility to receive emergency treatment.

My child's doctor is _____, phone# _____.

*My child is/is not (circle one) on special medication.

*My child does/does not (circle one) require and EPI pen.

*My child is/is not (circle one) allergic to bee stings or insect bites. (if yes to any of the
above, you are encouraged to attend; if you cannot attend, please include written
instructions on this form).

- NOTE:
- 1) Twin Hills Union School District does not provide student health insurance. However, I may contact the school office for information regarding a low cost student insurance plan offered through a private company.
 - 2) Twin Hills Union School District expects responsible behavior from each student to, from, and during field trip activity.

Signature of Parent or Guardian