OROVILLE
UNION HIGH SCHOOL DISTRICT

Note: Please complete this permission slip AT LEAST TWO (2) days in advance of the trip.

The undersigned state that they are the parents, guardians or other persons having custody of

the minor and jointly give consent for _____ *(Name of Student)*

to participate in a field trip to_____on _____*(Date and Time)*

This trip is being sponsored by_____*(Club/Class)*

under the supervision of _____ *Advisor (please sign)*

I understand that the school will provide transportation and supervision for the above named student. I will not hold Oroville Union High School District, or adults driving or accompanying the students, liable for injury to the student while on the trip or as a result of the trip.

_____ _____
Signature of Parent or Legal Guardian *Date*

_____ _____ _____
Cell Phone *Work Phone* *Home Phone*

_____ _____
Health Insurance Company / Medi-Cal *Policy Number*

My signature above is also my consent for school authorities to obtain emergency medical treatment for my son/daughter, if it should be necessary.

Failure of a student to obtain a release from all classes that will be missed may result in a truancy being recorded.

TEACHERS:

The student named at the top of this form, who is in your class, must have signatures from his/her teachers in order to be allowed to participate in the field trip indicated. Teachers, please sign authorizing that this student has enough academic and/or behavior integrity to attend. Thank you.

Period 1 _____ Period 4_____

Period 2 _____ Period 5_____

Period 3_____ Period 6_____