



INDIAN VALLEY VOCATIONAL CENTER

Today's Date

FIELD TRIP PERMISSION AND DRIVING PERMIT

Date of field trip: Destination & Town:

Purpose of the trip:

Follow-up Activity/Assessment:

I, being a parent or guardian of Student's Name, give my permission

for my son/daughter to attend this field trip. I do appoint IVVC Instructor to

act on my behalf, in the event that I cannot be contacted, to authorize or refuse necessary emergency treatment while on this field trip. I understand that I will be responsible for the payment of all costs incurred relative to such treatment.

I also permit Student's Name to drive/ride to IVVC on this date for the purpose of the

field trip. The vehicle is a Year Make Model Color Plate #

Signatures Required:

IVVC Instructor Date

Parent/Guardian Date

Emergency Telephone Number Home Work Cell (circle one)

Home School Principal Date

Home School Telephone Number