CENTRAL ARIZONA VALLEY INSTITUTE OF TECHNOLOGY

1789 W. Coolidge Avenue, Coolidge, AZ 85128 ~ Phone (520) 423-1944 ~ FAX (520) 423-1822

**FIELD TRIP PERMISSION FORM**

Dear Parent/Guardian:

For authorization, please sign this **permission form** and have it returned to the teacher no later than (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Student’s Name) (Teacher’s Name) (Date of Trip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Description of Field Trip) (Location)

Expected time of departure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected time of return:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation will be provided by CAVIT.

My child and I understand that this is a school-sponsored trip/activity. The rules, policies and procedures, as outlined in the Governing Board Policy Manual and the CAVIT Student Handbook apply to this trip/activity and that any infraction of the established regulation may result in disciplinary actions. We also understand that in order for my child to participate he or she must be receiving credit in all classes and that any of his/her teachers may disqualify my child depending on his/her performance in the class.

In consideration of being allowed to participate in the field/activity trip, the undersigned agrees to release and hold harmless CAVIT and its employees or agents from any and all claims, liabilities, or demands whatsoever arising and claimed to have arisen out of the student’s participation in this field trip. It is specifically noted that students are solely responsible for all personal items they choose to bring on field/activity trip and any loss or damage should be reported to the family’s homeowner’s insurance company.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent’s/Guardian’s Signature) (Date)

**MEDICAL CARE CONSENT**

In the event I cannot be reached in an emergency, I parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby give permission and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to the above-named student as, in the judgement of said doctor or hospital, is reasonable and necessary should the above-named student be injured or stricken ill while on this field/activity trip. I further agree to assume full financial responsibility for the medical care administered.

PRINT Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 (Parent’s/Guardian’s Signature) (Date)

Daytime Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENTS ARE TO RETURN THIS FORM TO THEIR CAVIT TEACHER.**

**This form must be turned in by the teacher to the Superintendent five school days**

**before the scheduled activity. No form will be accepted after that time.**

**(Complete Other Side)**

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**INTRACURRIULAR TRIP/ACTIVITY PERMISSION FORM**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Trip/Activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This student will be attending a CAVIT field/activity trip as part of their CTE training program. In order to participate, he/she must be receiving credit in all classes and that any of his/her teachers may disqualify the student dependent on his/her performance in their class.*

**Home School Teachers, Please Sign Appropriate Box**

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Subject**(To be completed by student) | **Pass**(Teacher’s Signature) | **Failing****May Not Attend**(Teacher’s Signature) |
| **0** |  |  |  |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |

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**This form must be turned in by the teacher to the Superintendent five school days**

**before the scheduled activity. No form will be accepted after that time.**

**(Complete Other Side)**