

SCOTTS HILL HIGH SCHOOL
Parental Permission Form for School Activities/Field Trips

_____ HAS PERMISSION TO TRAVEL
(STUDENT NAME)
WITH FFA ON 4-25-17
(STUDENT ORGANIZATION) (DATE)

THE PURPOSE OF THE TRIP IS West TN FFA
Awards Banquet

STUDENTS WILL DEPART SCOTTS HILL HIGH SCHOOL AT 4:30
AND RETURN AT 9:30-10:00 (TIME)
(TIME)

TRANSPORTATION WILL OCCUR VIA Henderson Co. Bus Destination: Jackson, TN
Civic Center

AND WILL INCLUDE THE FOLLOWING CHAPERONES:

Tony Brasher, Dakota Brasher, Chris
Cherry
OTHER INFORMATION: Meal Provided.
Return time to vary

In case of medical emergency, I understand that every effort will be made to contact parent or guardian of the student. In the event that I cannot be reached I hereby give permission to the physician selected by the clinic director at the hospital to secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above. I also understand that all costs incurred in procuring such medical treatment and care shall be my obligation.

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)