

_____ Date

FIELD TRIP PERMISSION AND DRIVING PERMIT

_____ of _____ High School has
Student Name Home School

permission to ride on _____ to _____
Date Destination & Town

_____ and I, being a parent or guardian of
Telephone Number

_____, do appoint _____ to act
Student's Name IVVC Instructor

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

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

Signatures Required:

IVVC Instructor Date

Parent/Guardian Date

Home School Principal Date

Emergency Telephone Number Home Work Cell
(circle one)

Home School Telephone Number