

**SOUTH WASHINGTON COUNTY SCHOOLS
Independent School District 833
Cottage Grove, MN 55016**

**FIELD TRIP AUTHORIZATION FORM
TYPE II FIELD TRIP**

School: **Oltman**

A field trip to: Crossroads Church (Woodbury) OR Good Shepard Luthern Church (Inver Grove Hts)

Is planned by: Oltman MS 8th Grade

For the purpose of: Courage Retreat.

On (Date) Wednesday, October 10th from (Time) 8:00 AM to (Time) 2:00 PM

OTHER COMMENTS: Students must bring their own bag lunch or purchase a bag lunch from the cafeteria 2 weeks prior. Please wear comfortable clothes, must have tennis shoes and you may want to bring a water bottle.

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PARENT: Please complete and return this portion to school.

FIELD TRIP PARENT AUTHORIZATION

Students Name

School

Does your son/daughter have any special health problems or handicapping conditions which will require special attention or supervision on this field trip?

YES NO

If yes, what is this problem and what special considerations should be made? _____

We understand that the necessary arrangements, plans and precautions will be taken for the care and supervision of the student during the trip. We also understand that we will be responsible for paying all expenses related to sending the student home from trips for disciplinary reasons or illness based upon staff option.

I/We authorize our son/daughter named above to participate in the field trip:

_____ on (Date) _____

Telephone: (Work) _____ (Home) _____

Date

Signature of Parent/Guardian