

RIVER VALLEY HIGH SCHOOL

STUDENT \_\_\_\_\_ D.O.B. \_\_\_\_\_

TEACHER/SPONSOR \_\_\_\_\_ PRESENT DATE \_\_\_\_\_

ACTIVITY \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

DATE OF ABSENCE FROM SCHOOL \_\_\_\_\_

PURPOSE OF FIELD ACTIVITY \_\_\_\_\_

TO THE STUDENT: The sponsoring teacher will present this form to you no later than one week prior to the date of the field activity in which you have been invited to participate. It is your responsibility to give this form to each instructor concerned to notify him/her of your intended absence and to make up work in advance of the activity. It will also be your obligation to complete all assignments at least one full school day preceding the beginning of the field trip/activity and have all instructors' signatures on this sheet in the space provided. Failure to complete all assignments will prohibit the student from participating in the field trip.

SUBJECT	WORK TO BE COMPLETED	TEACHER SIGNATURE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Please Note: Because I am being allowed to be absent from the normal day schedule routine while on this field trip/activity, I pledge that my conduct and behavior will be accordance with the code as stated in the Extra Curricular/Activity Code Book and the Student Handbook and will conduct myself in a manner that will bring pride and satisfaction in my home and school.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Emergency Contact Information on the day of the Field Trip /Activity

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

The following person(s) should be contacted in the case of an emergency in my absence.

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize the school principal, nurse, or staff member to obtain emergency treatment for my child, if needed, if I or the designated contact persons cannot be reached. I also understand that the school does not provide accident insurance for students. I give my permission to share this information with the appropriate school and medical personnel.

Signature of Parent or Guardian: \_\_\_\_\_