



Field Trip Permission Form

General field trip

<i>Date</i>	08/28/2017 – 7/30/2018	<i>Time</i>	TBA
<i>Location</i>	See Below		
<i>Transportation</i>	CLU staff will transport		
<i>Notes</i>	<p>This permission slip covers off-site photography activities, off campus P.E activities, and visits to Rolling Hills Plaza and Torrance Towne Center businesses as well as the South Coast Botanic Garden.</p> <p>By signing this form, you are giving permission to send your student on all these outings.</p> <p>For field trip information please visit our website at: www.cflu.org</p>		

Please return this permission slip
by: _____

I give permission for my
child _____
to attend the field trip
to _____ on _____
from _____ to _____

In case of an emergency, I give permission for my child to receive medical treatment. In
case of such an emergency, please contact:
Name _____ Phone _____

Parent/Guardian
Signature _____ Date _____