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Field Trip/Off-Site Tutoring Session Consent Form

All off-site tutoring sessions or field trips must be approved by a Community Education Partnerships staff member and a parent/legal guardian of the child involved.

Please indicate whether this is a one-time field trip or an ongoing event:

___ One-time field trip ___ Ongoing, off-site tutoring session

Student Name: _____

Location Name: _____

Address: _____

Parent/Legal Guardian Name: _____

Contact Phone Number: _____

Volunteer Tutor Name: _____

Phone Number: _____

Day(s) of Trip: _____

Destination: _____

Program Activities Include: _____

Method of Transportation: _____

Departing Time: _____ Returning Time: _____

Parent/Legal Guardian Permission for Field Trip:

My child, _____, has my permission to attend
Child Name

_____ on _____ . My child has my permission to
Activity Date

participate in all program activities, except _____ .
Activity

Current injuries, minor physical limitations or medical conditions Community Education Partnerships should know about: _____

During the activity I may be reached at: _____
Phone Number

Alternate Contact: _____
Name Phone Number

Parent/Legal Guardian Signature Date