

# OFF-CAMPUS EDUCATIONAL ACTIVITY

## Walking Activity Consent Form

Sonoma County Office of Education

5340 Skylane Boulevard, Santa Rosa, CA 95403-8246

Date \_\_\_\_\_

Dear Parents/Guardians,

Throughout the school year, our class will be taking walking trips for educational purposes. Some of the community sites we may visit include the public library, parks, and other educationally appropriate sites. In order to accomplish our educational goals, it is important that each child have the opportunity to attend. We have scheduled the following off-campus walking activity and are requesting permission for your child's participation.

Activity Location: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_

Activity Time Frame: \_\_\_\_\_

Students should bring:  Bag Lunch  \$\_\_\_\_\_  Other \_\_\_\_\_

Please complete the bottom portion of this form and return it to me by the date indicated.

Teacher \_\_\_\_\_

School Site \_\_\_\_\_

Phone \_\_\_\_\_



**Complete this section and return the bottom portion only of the form by:** \_\_\_\_\_

**Activity Date(s):** \_\_\_\_\_

**Activity Location:** \_\_\_\_\_

Print name of child/charge \_\_\_\_\_

- Yes, I give my permission for my child/charge to participate in the off-campus walking trip(s) described above.
- I would be willing to serve as a chaperon.
- No, I do not approve of this activity. Please contact me to discuss my concerns.

Print Name \_\_\_\_\_

Day Phone \_\_\_\_\_  Parent  Guardian  Careprovider

Signature \_\_\_\_\_ Date \_\_\_\_\_